RESEARCH REPORT

Changing Policies to Streamline Access to Medicaid, SNAP, and Child Care Assistance

Findings from the Work Support Strategies Evaluation

Julia B. Isaacs *Michael Katz* *David Kassabian*
March 2016

URBAN INSTITUTE · ELEVATE · THE · DEBATE

URBAN INSTITUTE

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

Contents

Acknowledgments

Executive Summary

States participating in the Work Support Strategies (WSS) initiative identified and adopted various policy changes to improve the delivery of work supports to low-income families. They sought to streamline family access to work support programs by simplifying program policies by, for example, reducing unnecessary verification requirements. Simultaneously, they sought to align policies across the different work support programs to reduce administrative burdens when families qualify for more than one program. Through both kinds of policy changes—within and across programs—states sought to improve access to benefits and retention of benefits once eligible. Streamlined and aligned policies reduce administrative burdens and benefit both clients and workers.

WSS is a multiyear, multistate, foundation-funded initiative to help low-income families get and keep the package of work supports for which they are eligible. Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina were selected through a competitive process to participate in WSS, first in a planning and design year in 2011 and then in the implementation phase since 2012. Through grants, expert technical assistance, and peer learning, the initiative helps states reform, modernize, and align the systems delivering work support programs intended to increase families' well-being and stability, particularly the Supplemental Nutrition Assistance Program (SNAP), Medicaid and the Children's Health Insurance Program (CHIP), and child care assistance through the Child Care and Development Block Grant.

Simplifying Policies in Each Program

Streamlining and Expanding Access to Medicaid

All six WSS states were affected by the Patient Protection and Affordable Care Act (ACA) of 2010 and, in particular, the ACA emphasis on outreach and simplifying enrollment and retention processes through technology and other means; in addition, three of the six states took up the Medicaid expansion option and expanded eligibility to certain low-income adults. Consequently, the number of clients

enrolled in Medicaid expanded across all six WSS states, with the rate of increase ranging from 13 to 61 percent through June 2015.

Streamlining SNAP Operations

Throughout the WSS project, states worked to streamline the Supplemental Nutrition Assistance Program (SNAP) policies to improve access and retention and to reduce burden for both clients and workers. Changes reduced the use of face-to-face interviews, simplified verification requirements, and lengthened certification periods.

Changing Child Care Assistance Policies

Most WSS states adopted child care policies to streamline verification of income and work schedules, lengthen certification periods, and reduce reporting requirements. Those policies were generally intended to streamline initial eligibility and to improve continuity of care arrangements, which serve the larger goal of supporting healthy child development. Other policy initiatives included (1) pilot projects setting a higher threshold for continuing eligibility than for initial eligibility (two states), (2) redesign of parent fee schedules to lessen the financial burden on parents and to ease administration of copayments (two states), and (3) tiered reimbursement based on quality (one state).

Aligning Policies Across Programs

Under WSS, states also made serious efforts to align policies in ways that would increase access and retention across the various work support programs. This report highlights six types of policy changes related to cross-program integration. First, a key initiative that all states undertook in some capacity (either before or during WSS) was to develop an integrated application across multiple programs. Second, South Carolina and Illinois used electronic data on SNAP eligibility to automatically enroll and retain individuals in Medicaid; both states reported that the data match process was relatively easy and that it had important effects on enrollment. Third, states sought to align definitions or requirements across programs. Specifically, three WSS states adopted legislative changes to their child care assistance programs to align eligibility rules more closely with SNAP rules. Fourth, three WSS states worked on policies to align recertification dates across programs and to reduce churn—or turnover— among eligible families by making the review process more transparent and less burdensome for

families and workers. Fifth, states established processes for cross-program review of new policies. Whereas all states relied on work groups or ad hoc groups to some extent, two states (North Carolina and Idaho) developed formal groups or processes for cross-program review of new policies. Finally, some states worked on developing integrated policy manuals or, as an intermediate step, placed existing manuals onto a common software platform.

What Issues Were Encountered When Streamlining and Aligning Policies?

Involving Multiple State and Local Actors in Policy Change

Policy change requires working effectively across the state through effective relationships and communication with interagency work groups, county or other local offices, and local workers. In addition, policy change was facilitated by the alignment of proposed policy changes with the vision of executive leadership, working with the state legislature as appropriate and gathering input from stakeholders and families.

- All of the WSS states convened either cross-agency work groups or committees to advance WSS goals related to cross-program integration and, in particular, to work on policy changes.

- County and local offices are integrally involved in implementing policies, and states found it useful to involve them in policy development as well, particularly in states with county-administered programs (Colorado and North Carolina).

- Policies had to be clearly communicated to local workers and in ways that brought them on board with the overall goals of improving service delivery. Otherwise, policies were in danger of not being fully implemented.

- Governors and agency directors of both political parties were generally supportive of WSS goals. By communicating how policies fit with the broader vision of the agency, those leaders helped win adoption and implementation of the goals.

- State legislation sometimes helped with policy simplification and alignment, but sometimes it added additional requirements to one or more programs. State staff also noted that some types of policy actions could be pursued without involving the state legislature.

- To some extent, some WSS states also drew on consultations with community stakeholders and families to make policy changes better serve families.

Working with Federal Agencies

Adopting new policies often required consulting with federal agencies and receiving federal approval for policy changes. Through requests made both before and during the WSS evaluation, WSS states received dozens of waivers from the Centers for Medicare and Medicaid Services (CMS), which oversees the Medicaid and Children's Health Insurance Program (CHIP) programs, and the Food and Nutrition Service, which administers the SNAP program. Sometimes securing federal approval was challenging, particularly when states needed to get approval from two or more agencies. Differences are considerable between the federal programs in eligibility rules, documentation requirements, renewal procedures, and so forth. However, specific federal actions facilitated cross-program alignment, including CMS's efforts to encourage streamlined enrollment in Medicaid and CHIP through ACA and the availability of enhanced (90 percent) federal matching funds for building integrated eligibility systems.

A key lesson for states was that they sometimes had more ability to change policy within federal guidelines than they realized, in part because some of the obstacles they encountered came from state practice, not from federal requirements. As one state official explained, states discovered that "there are steps in our program application processes that are not required under federal or state law. The more we study the steps in the application process, the more we learn that we have promulgated rules that are not mandated." Whereas states longed to see more policy simplification and alignment at the federal level, they found that they could do considerable work at the state level—sometimes in partnership with federal agencies and sometimes by making changes exclusively at the state level.

Pursuing Policy Changes in the Midst of Competing Priorities

Agency staff frequently found it challenging to work on policy simplification and alignment in the midst of all the other demands on their time. Dealing with the crisis of the day often diverted senior staff attention and kept those staff members from devoting time to large-scale efforts such as reviewing and aligning policies across programs. Meeting the ACA's requirements under tight timelines and developing new technology systems competed for scarce agency resources, including staff time and leadership attention. Even so, states were able to keep their priorities on simplifying and aligning policy,

motivated in part by the strong vision of improving delivery of work supports and of reducing unnecessary burdens on staff and families. The vision was stated succinctly in North Carolina as "families tell their story once and receive the services they need." The WSS grant structure, with its project managers, monthly phone calls, quarterly reports, and semiannual conferences, also supported states in making policy changes amid competing priorities.

Addressing Challenges and Opportunities for Policy Integration Offered by the ACA

The passage of the ACA presented both challenges and opportunities for states. It brought new requirements and demands in a very tight time frame that posed a challenge for many states, yet it also brought a vision of streamlined and automated eligibility that was highly consistent with WSS and motivating for states. As noted earlier, the new federal funding to support the eligibility system redesign offered a transformative but also highly demanding opportunity to integrate health and human services. The ACA's push for streamlining and creating electronic verification in Medicaid helped advance states' efforts in other programs, and the enhanced (90 percent) federal matching funds created opportunities to build and enhance integrated eligibility systems and to align policies as those systems were being built. However, in addition to the overwhelmingly tight timelines, several states reported challenges aligning the new Medicaid rules for calculating income with the prevailing rules for nonmedical programs.

Using Tools to Support Policy Development

The six WSS states drew upon several tools to support policy development including policy analysis, data analysis, pilots, and the use of technical assistance (TA). Administrators in WSS states repeatedly mentioned the crucial role played by the WSS TA team, who added an extra layer of credibility to the effort, provided state human services departments with outside feedback, and even helped to secure federal waivers.

Changing Policy, Technology, and Business Processes

To meet the WSS goals, states changed policies, built new technologies, and modified business processes. In the latter years of the grant, policy development appeared to play a supportive role to technology development and business process improvements. Policy staff members participated in

design sessions for building new technology systems and worked closely with the operational staff to set policies for business improvement pilots. At other times, technological or business process change was a catalyst for reviewing policies and for seeing how they would fit into the new systems. Work on policy, business process, and technology proceeded in concert as states worked toward the WSS goal of delivering work support benefits more effectively and efficiently.

Conclusion

The six states participating in WSS adopted a number of different policy changes to streamline and integrate policies across SNAP, Medicaid, and child care assistance programs. They simplified verification procedures, used electronic data for cross-program auto-enrollment, aligned recertification dates, established processes for cross-program review of new policies, and made other changes to improve families' access to benefits and their retention of benefits when eligible.

Achieving these policy changes required overcoming challenges at multiple levels, including working in partnership with one or more federal agencies, getting agreement between various state agencies, and working with local offices and county workers to ensure policies were fully implemented. Simply making time to focus on policy alignment and simplification was a challenge, given the daily demands on senior staff members who manage large work support programs and the extra demands on those employees to implement the ACA and roll out major technology changes.

As states pursued policy changes, they reported being influenced by the WSS goals and the vision of their executive leadership. They also said that the WSS grant helped focus attention on policy simplification and program alignment in the midst of competing priorities, and they appreciated the concrete technical assistance from the national WSS TA team and their peers in other WSS states.

The WSS states uniformly saw policy simplification and alignment as a valued goal, benefiting clients and workers. They remained committed to the goal throughout the project, even as their approaches to policy alignment evolved. Originally, they saw policy alignment as a first step, done by state policy analysts in different agencies reviewing policies together and aligning them where possible. Over the course of the initiative, they increasingly saw policy alignment as work done alongside changes in technology and business processes.

Introduction

States participating in the Work Support Strategies (WSS) initiative identified and adopted various policy changes to improve the delivery of work supports to low-income families. They sought to streamline family access to work support programs by simplifying policies for individual programs by, for example, reducing unnecessary verification requirements. At the same time, they sought to align policies across the major work support programs to ease administrative burden on clients and staff members when families were eligible for more than one program. They viewed policy changes as one of the tools that could help them meet the key WSS goals of (1) delivering benefits more effectively and efficiently and (2) improving families' health, well-being, stability, and workforce participation by increasing the share of families receiving and keeping the package of work supports for which they qualify.

This report describes and analyzes the experiences of the six states involved in the WSS initiative as they leveraged policy change to streamline and align families' access to work supports. A broad range of policies are analyzed here, from legislative and regulatory changes to revising wording of guidance in a state policy manual or asking local agencies to implement policies that were sitting on the books but not put into practice. This range includes policies that stem from other initiatives but are viewed by the states as furthering the WSS goals. Policy change was always part of a broader package that included technological innovations and business process improvements, the subject of companion reports.[1]

The rest of this introduction reviews the WSS context and goals for policy change. The second section of the report describes the specific policy changes that states made within programs, and the third section reviews policy changes related to cross-program alignment. The fourth section describes the policymaking process in states and the issues encountered, and the report concludes with a discussion of the interrelationship between policy, technology, and business process changes.

Work Support Strategies

Work Support Strategies (WSS) is a multiyear, multistate, foundation-funded initiative to help low-income families get and keep the package of work supports for which they are eligible. Colorado, Idaho, Illinois, North Carolina, Rhode Island, and South Carolina were selected through a competitive process to participate in WSS, first in a planning and design year in 2011 and then in the implementation phase since 2012.

Through grants, expert technical assistance, and peer learning, the initiative helps states reform, modernize, and align the systems delivering work support programs intended to increase families' well-being and stability, particularly the Supplemental Nutrition Assistance Program (SNAP), Medicaid and the Children's Health Insurance Program (CHIP), and child care assistance through the Child Care and Development Block Grant. Through WSS, states seek to streamline and integrate service delivery, use 21st century technology, and apply innovative business processes to improve administrative efficiency and reduce the burden on states and working families, all toward the overall goal of increasing participation and retention to support work and well-being.

Findings from the WSS evaluation are based on analysis of hundreds of individual and group interviews conducted during annual site visits to the six states over the four years of planning and implementation; hundreds of quarterly reports, planning documents, and other written materials submitted by the states; other documents obtained through secondary sources; state administrative data tracking key outcomes over time; and additional data from client experience surveys and client focus groups conducted by the evaluation team in selected states. For additional reports and information, see www.urban.org/work-support-strategies.

Context for Policy Changes in SNAP, Medicaid, and Child Care Assistance

Before describing the goals of policy changes and the specific policy changes that states made, it is useful to review the federal policy context for each of the three major programs targeted in the WSS initiative: Supplemental Nutrition Assistance Program (SNAP), Medicaid, and child care assistance.[2] These three work support programs have differences in program policies, even though they serve many of the same low-income families. These programs provide different types of benefits, are governed by distinct pieces of federal legislation and funding streams, and are managed by separate federal agencies. In administering the programs, many states follow the federal structure with state policies, regulations,

manuals, and policy guidance typically written by separate state agencies or separate offices in an agency.

- **Medicaid and the related Child Health Insurance Program (CHIP)** are federal and state entitlement programs that provide health insurance for low-income families and individuals. States set operating and eligibility rules within broad federal guidelines, and costs are shared between the states and the federal government. Federal or state changes in eligibility policies and enrollment procedures can affect the number of people participating in the program and thus program costs. The Affordable Care Act (ACA) of 2010 introduced sweeping policy changes in all state Medicaid programs, and states spent much of the WSS period implementing these changes. At the federal level, the program is administered by the US Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS), which is also responsible for implementing the new health insurance exchange subsidies established under the ACA.

- **SNAP** is a federal entitlement program that provides nutrition assistance (SNAP benefits, formerly known as food stamps) to low-income families and individuals. The federal government finances benefits and sets most of the program rules. States pay a share of the administrative costs and have some latitude over operational decisions (e.g., length of certification period). States are permitted to file formal federal waiver requests to exercise state options, and during the WSS period, some states were still implementing some of the state options established under the 2008 reauthorization. Federal law has been stable over the past several years; the program was reauthorized in 2014, but without major policy change. The federal administering agency is the Food and Nutrition Service (FNS) of the US Department of Agriculture (USDA).

- **The Child Care and Development Block Grant** is a federal block grant program that provides child care assistance for low-income families with fixed funding amounts from the federal government and required levels of state funding. States have considerable discretion to set policies within federal parameters. The child care assistance program is much smaller than SNAP or Medicaid, and with fixed federal funding, most states cannot serve all eligible families seeking services. Thus, unless the state expands state funding, changes to eligibility and enrollment procedures do not affect the number of families receiving services so much as the ease with which children and families are enrolled and retained in service or the types of families that receive services. The 2014 reauthorization made a number of federal policy changes, strengthening the program's dual role in supporting healthy child development and

serving as a work support to families; most of these changes will not take effect until after the end of the WSS initiative. At the federal level, child care assistance is administered by the Administration for Children and Families, which, like CMS, is in the US Department of Health and Human Services.

Why Did States Want to Streamline and Align Policies?

Whereas Medicaid, SNAP, and child care assistance programs differ in many ways, they serve many of the same children and families and are key elements of the system of work supports for low-income families. In each of the WSS states, policy staff members from different programs met early during the WSS project to review which policy differences could be reduced to better serve families. As an official in Colorado explained, "All of our hopes are that, as much as the programs can align, they will. That would be huge for clients." Similarly, state officials in several states spoke of wanting to align policies so that the application experience would be "much more seamless for [the] customer" or "less confusing for clients." State officials also wanted to help eligible families retain benefits and reduce administrative churn—or turnover—where an eligible family would lose benefits, typically at time of benefit renewal, and then reapply to the program. As one state official explained, tracking churn outcomes was important to be able to "say how many families are . . . retaining their benefits and not having that gap in benefits." Stated more broadly, an Idaho official said, "Based on WSS vision, we want to be really able to support those families entering the workforce."

Aligning and streamlining policy requirements, particularly around verification, was seen as benefiting workers as well as clients. As planning documents submitted by two different states explained:

> Since much of the paperwork, verification, and communication required of both customers and staff members are driven by policy requirements, we must take advantage of opportunities to simplify these requirements. (Illinois Department of Human Services 2012)

> Implementing more expeditious ways to verify eligibility will be a key action step to improving outcomes for county workers and clients, especially by reducing duplicative requests for the same paperwork. (Colorado Department of Human Services 2012)

Rosenbaum and Dean (2011) identify similar benefits for coordinating and aligning policies across various work support programs, noting "Uncoordinated policies mean extra paperwork and confusion . . . [and] . . . conflicting rules can trigger additional work and confuse families."

In addition to reducing burden for clients and staff members, some policy changes were pursued with the explicit goal of improving child and family well-being. Several state officials spoke of wanting to change child care assistance policies to improve the continuity of child care: "When [a] family comes in and applies, we want to write policy that even if parents are changing jobs, they remain eligible for child care this whole time." Several also spoke of wanting to provide families with better health care coverage. Finally, reducing errors was another motivation: "Coordinating and aligning our policies helps with program integrity. [It] should cut down on errors."

What Single-Program Policy Changes Did States Make?

Throughout the WSS grant, states pursued policy changes aimed at reducing client burden in the application and recertification process for work support programs. Various policies are described in the three subsections below: streamlining and expanding access to Medicaid, streamlining SNAP operations, and changing child care assistance policies. These are discussed despite the fact that some policy changes, as noted later, were made to multiple programs at the same time. The report then turns to a discussion of efforts to align policies across the three programs.

Streamlining and Expanding Access to Medicaid

By far the largest policy changes that WSS states adopted during the course of the project were those relating to the implementation of the ACA. The ACA made sweeping changes to health care coverage, including Medicaid, and states had to make these changes under tight timelines and shifting conditions, as CMS issued guidance incrementally and provisions were challenged in courts and opposed by the governors of many states. WSS states, like other states, faced intense pressure to implement policies and technologies by October 2013 in order to enroll families into the newly developed health care exchanges and into Medicaid under new ways of calculating income eligibility.

Pursuant to ACA, all states had to adopt the new Modified Adjusted Gross Income (MAGI) rules for calculating income eligibility for all health programs (Medicaid, CHIP, and subsidies under the new health insurance exchanges) into their existing Medicaid and CHIP systems and sets of procedures. The new rules provided a simplified and standardized method for counting income, thus following taxable income for purposes of the federal income tax; but the rules required a change from previous methods of calculating income and introduced differences between income in Medicaid and other programs.

Under the June 2012 US Supreme Court ruling on the constitutionality of the ACA, all states could opt in to the Medicaid expansion and serve low-income adults not already covered (e.g., childless adults). Three of the WSS states (Colorado, Illinois, and Rhode Island) took up the Medicaid expansion option, which allowed adults to participate in Medicaid if they lived in families with incomes up to 138 percent of the federal poverty level; the other three (Idaho, North Carolina, and South Carolina) did not.

Even so, all six states implemented significant policy changes with the potential to affect the number of clients enrolled in Medicaid.

All six states were affected by the ACA emphasis on using technology to modernize and develop simpler health enrollment processes. Under the ACA, states are required to accept Medicaid applications through multiple formats (online, mail, phone), to use electronic databases to streamline verification, and to provide quicker and even real-time eligibility determinations (Wachino, Artiga, and Rudowitz 2014). WSS states provide concrete examples of the types of Medicaid policy changes made by states. For example, as discussed further in the section on cross-program alignment, South Carolina and Illinois used electronic data on SNAP eligibility to automatically enroll individuals in Medicaid. In addition, Idaho and Illinois have used electronic data to verify the income of Medicaid customers, thereby allowing more immediate decisions, and Idaho has passively renewed families for Medicaid (that is, the state renews Medicaid clients using electronic data where possible, eliminating the need for most families to fill out renewal forms). The change to passive renewals in Idaho has been associated with a dramatic reduction in the number of families churning off Medicaid temporarily at time of renewal (as will be shown later in the report, in figure 5).

Another key focus of the ACA was increased outreach about health benefits and opportunities for accessing them, an initiative that states undertook with support from CMS. This focus was particularly important in states expanding Medicaid, but was a goal in all states as they sought to promote ACA's no-wrong-door approach of applying for health insurance benefits and the seamless connection between the various health insurance programs, such as Medicaid, CHIP, and the federal or state Marketplace (Goodwin and Tobler 2014; Kaiser Family Foundation 2014).

Expansion in Medicaid Enrollment in WSS States

As shown in table 1, the number of clients enrolled in Medicaid and CHIP expanded across all six WSS states, both those opting to cover newly eligible adults and those without the Medicaid expansion. Colorado and Rhode Island, two expansion states, saw dramatic caseload increases of 61 and 44 percent, respectively, well above the national caseload increase of 23 percent measured from the period before ACA to June 2015. Caseload growth was much lower, but still large in the three WSS non expansion states; North Carolina, with a growth of 25 percent, grew faster than the national average, and South Carolina, with a growth rate of 13 percent, was lowest among the 6 WSS states but still 32nd among the 50 states and the District of Columbia. Caseload growth was lower than expected in Illinois, which grew by only 20 percent, even though it was an expansion state.

TABLE 1

Expansion in Medicaid and CHIP Enrollment in Work Support Strategies States

	Opted for expansion	Pre-ACA enrollment (July–September 2013)	June 2015 enrollment	Growth (percent increase)	Growth (ranking out of 51)[a]
Colorado	✓	783,420	1,263,461	61	4
Rhode Island	✓	190,833	274,674	44	9
North Carolina		1,595,952	2,000,049	25	18
United States		**57,794,096**	**72,429,253**	**24**	NA
Illinois	✓	2,626,943	3,163,838	20	21
Idaho		238,150	277,538	17	25
South Carolina		889,744	1,009,201	13	32

Source: Kaiser Health Reform, based on Centers for Medicare and Medicaid Services data on Medicaid and Children's Health Insurance Program monthly applications, eligibility determinations, and enrollment reports, as of September 28, 2015. Accessed October 8, 2015, http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/#.
Note: ACA = Affordable Care Act; NA = not applicable.
[a]Fifty states plus the District of Columbia; ranking of states from highest caseload growth (84 percent in Kentucky) to lowest growth (−3 percent in Nebraska and Wyoming); data are unavailable for two states.

A closer look at state administrative data by age group (submitted by the states over varying time periods and summarized in figure 1) shows that the largest increases were for adults ages 19–64 in the expansion states, consistent with the change in eligibility policy. The figures also highlight that child enrollment increased in five of the six WSS states (all but Illinois).[3] The increases in child enrollment do not reflect eligibility changes so much as they reflect (1) expanded outreach and simplified enrollment procedures and (2) that some families applying for health care coverage under the new health insurance exchanges were actually eligible for and referred to Medicaid. In addition, all of the states except for Colorado received waivers from CMS to extend Medicaid recertification dates to align eligibility rules and reduce workload.[4] This change may have increased caseloads by slowing exits that occur during recertification.

FIGURE 1

Number of Individuals Enrolled in Medicaid by Age Group, 2011–15

Expansion (left) and nonexpansion states (right)

Legend: —— all ages · children · Noneldery adults

Colorado · **Idaho** · **Illinois** · **North Carolina** · **Rhode Island** · **South Carolina**
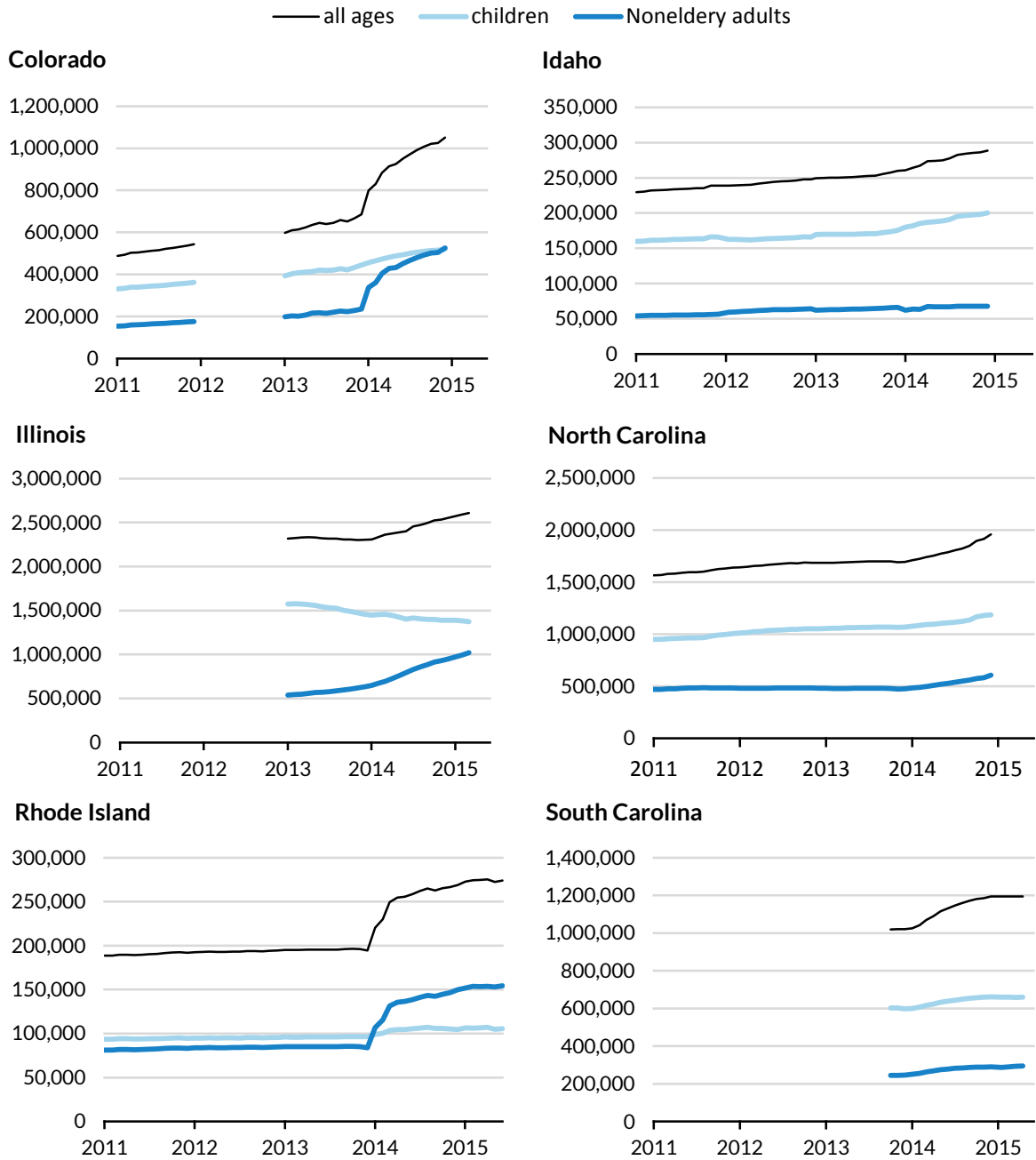
Sources: Administrative data submitted by the Colorado Department of Human Services, Idaho Department of Health and Welfare, Illinois Department of Human Services, North Carolina Department of Health and Human Services, Rhode Island Department of Human Services, and South Carolina Department of Health and Human Services.

Notes: Elderly individuals (age 65 and older) are included in the All Ages group but not shown separately (if they were shown, the number of elderly individuals would be fairly low and flat relative to the other age groups). Children are defined as individuals age 19 or younger, except in the figure for Rhode Island where they are individuals age 18 or younger.

Streamlining SNAP Operations

Throughout the WSS project, states worked to streamline SNAP policies to improve access and to reduce burden for clients and workers. In many cases, state agencies took steps during the WSS period that further implemented policies they were already working on before WSS, including filing for new FNS waivers of federal rules or renewing or implementing existing waivers. The various policy changes that WSS states pursued in SNAP can be grouped into the broad categories of (1) reducing the use of face-to-face interviews, (2) streamlining verification procedures, and (3) lengthening certification periods.

Reducing the Use of Face-to-Face Interviews

Although FNS regulations generally require a face-to-face interview at the time of application and again at the time of recertification, most states have received waivers allowing telephone interviews. All six WSS states had such waivers from FNS before WSS or received such waivers early in the planning year.[5] Idaho, Illinois, and North Carolina took specific steps to implement these waivers by focusing on alternatives afforded by increased technology and electronic verification. Idaho received legislative approval in 2012 of a new rule allowing telephonic signatures. This rule allowed families to complete the entire application by phone rather than completing part by phone and part by mail or by hand delivery of a signed application to the office (families still may have to mail or drop off documents verifying eligibility). Since 2015, Illinois has been piloting an effort to streamline interviews for clients receiving expedited service (e.g., clients with little to no income who must be served within seven days). In another example, North Carolina participated in a USDA-sponsored demonstration project to assess the effect of eliminating the SNAP application interview altogether (USDA 2015).

Streamlining Verification Policies and Procedures

WSS states took many different approaches to simplifying the required application and redetermination information needed for documenting income, assets, citizenship, and so forth. To reduce paperwork related to assets, Rhode Island allows SNAP (and child care) clients to self-attest, or self-declare, their assets. To simplify verification of citizenship, Illinois eliminated a citizenship form that had slowed processing of benefit applications. Illinois also adopted broad-based categorical eligibility for SNAP, a policy that allows a broadly defined pool of Temporary Assistance to Needy Families

(TANF) recipients to be eligible for SNAP without submitting additional verification; the other WSS states had already adopted such eligibility before WSS. In North Carolina, officials took steps to reduce unnecessary verification procedures after realizing counties were asking for verifications that policy did not require. In another example, Idaho and Rhode Island received waivers that allowed them to use a standard medical expense amount for elderly or disabled individuals with expenses over $35 without requiring receipts.

Finally, some WSS states began using The Work Number, a paid service, to verify applicant and recipient employment when determining eligibility for SNAP and other programs (and also to verify employment hours in some cases). Some states and counties used a free version first and then decided to purchase the paid service to get real-time information. Although some state officials found negotiating a contract with The Work Number challenging and complained that many employers were not in the system, they expressed appreciation for its benefits, including those offering frontline staff members the opportunity to streamline verification.

Lengthening Certification Periods

Another way to streamline administrative burdens on staff members and families was to lengthen certification periods, that is, the period that defines how long an individual is eligible for benefits and the timetable for renewing eligibility. Two WSS states—Idaho and Illinois—took action in this area. Illinois moved from 6-month certification periods for many groups of recipients to 12-month certification periods with interim reporting at 6 months.[6] There was a delay in getting the necessary FNS waiver, which was not received until 2014. In the interim period, partly because of a mounting issue with timeliness, Illinois received a separate waiver that allowed them to automatically renew hundreds of thousands of SNAP cases for an additional six months. This waiver, approved in 2012 and renewed multiple times throughout the WSS grant, allowed staff to focus on the timely processing of new SNAP applications, thus helping both new and continuing clients. An administrator explained:

> I'm also proud of the three waivers to extend certification periods because it had such a huge impact. We're eliminating the work of 50,000 determinations each month. That's a lot of work that we're not requiring our staff to do.

Although most families in Idaho are still technically subject to SNAP recertification every 6 months, the state made changes to streamline and automate the process at the 6-month point and only requires an interview every 12 months. From a family's perspective, the steps they have to take at the 6-month

point are now effectively a form of interim reporting, rather than the steps required to recertify after 12 months.

Changing Child Care Assistance Policies

Policy changes in child care assistance programs encompassed a more diverse set of policies than those in Medicaid, which were driven by ACA and focused on streamlining and expanding access, or SNAP, which focused primarily on program operations. The WSS child care TA team, consisting of three national experts on child care subsidy policy, visited each state to review state policies and help identify opportunities for change. Staff members in several WSS states learned that they had more latitude to change policies, often through nonlegislative means, than they had realized. New state legislation, enacted in Colorado in May 2014 and in North Carolina in August 2014, motivated additional policy changes. Policy changes included streamlining verification of income, lengthening certification periods, reducing reporting requirements, and changing eligibility thresholds and payment and reimbursement requirements and processes for parents and providers.[7]

Streamlining Access to Child Care Assistance

STREAMLINING VERIFICATION

Five WSS states worked on streamlining verification of eligibility for child care subsidies, thereby easing requirements and processes for documenting not only income but also work schedules, which can be particularly burdensome to document. Both Idaho and Illinois simplified the calculation of authorized child care hours by focusing on the total number of hours a parent works rather than detailed analyses of actual work schedules. Rhode Island allowed clients to self-attest work hours and assets rather than requiring detailed documentation from employers and others. In particular, self-declaration of work hours was viewed as successful in substantially reducing burden for clients and workers. Technology also helped streamline verification. Illinois allowed electronic wage deposits to serve as proof of employment, thus eliminating the need for a letter from the employer.

Child care legislation enacted in Colorado required counties to streamline verification. In particular, the legislation mandated that counties ask for one month of pay stubs (rather than three months) to determine eligibility. The bill also gave counties the option of offering 30 days of "pre-eligibility" while waiting for verification materials. If a family is ultimately determined eligible and not put on a waiting

list, providers are reimbursed for services delivered during the pre-eligibility period. In North Carolina, the state agency changed the base periods (the time period over which income is assessed) and other calculations related to income eligibility for child care assistance, resulting in a standardized number of documents clients needed to submit to prove eligibility across the 100 counties that had traditionally implemented their own rules. As one state administrator explained:

> The base periods make it more consistent because you don't have one county saying, "I need eight pay stubs," and another saying, "I will take one." . . . Overall, it is helpful for making sure the same family gets the same eligibility determination in every county.

REDUCING REPORTING REQUIREMENTS

On the basis of support from WSS technical assistance and feedback from workers and clients, Idaho modified the processes for recipients reporting income and other changes in their circumstances that could affect a family's child care subsidy. Through their information gathering and assessment of these policies, state staff determined that stringent reporting policies contributed to churn and instability for families attempting to maintain care while working and engaging in work and education activities. One of the new policies that Idaho implemented allowed recipients to report changes by the 10th of the following month (rather than within a week of when changes occurred). The action is then taken for the month the change is reported in. The new policy also better specified and slightly reduced the types of changes that needed to be reported by clients. The modified process was viewed as having a big effect on client experience:

> These have been terribly helpful for parents in terms of making it easier for them to understand the process, making child care more accessible, making it less likely they would lose child care.[8]

LENGTHENING CERTIFICATION PERIODS

Even before passage of the recent 2014 Child Care and Development Block Grant legislation, which mandates a move to 12-month eligibility, many of the WSS states were adopting longer certification periods. These changes helped reduce caseloads for staff and helped provide more stability for clients. Rhode Island moved from having a 3- to 6-month certification period (depending on work and participation activities and eligibility) to a 6- to 12-month certification period. Data monitoring the level of churn among child care clients show the longer certification period was associated with a reduction in the number of cases that temporarily lose benefits and must reapply.[9] One agency staff member talked about the advantage of this approach when describing clients who would receive recertification notices just weeks after being deemed eligible under the old system. Both Illinois and Colorado established pilots incorporating longer eligibility periods. Under the Colorado county pilots described below,

families would remain eligible for two years unless their income rose above the maximum allowed by federal law.

Changes in Eligibility Thresholds, Copayments, and Reimbursement Rates

ELIGIBILITY THRESHOLDS

One of the goals of policy change in child care assistance is to foster child development by supporting greater continuity of care arrangements. Under a statewide pilot adopted in Rhode Island, families can continue to receive subsidies even if their income rises above the state's initial income eligibility thresholds (180 percent of the Federal Poverty Level or FPL), provided income remains below a new threshold for continuing eligibility (225 percent under the pilot).[10] Similarly, in Colorado, up to 10 counties have the option to participate in a pilot to allow families who receive subsidies to remain eligible for two years, even families with incomes above the initial income limit. Families qualify for this pilot program as long as their income is below the federal threshold of 85 percent of State Median Income, they meet participation requirements, and they pay a gradually increased parent fee. Initially, counties were hesitant to operate the pilot; then state legislation provided targeted funding to address counties' fiscal concerns. It is still too early to see how many counties will participate.

Other states made changes to eligibility thresholds to cut costs, resulting in reduced access to child care subsidies. In North Carolina, the eligibility thresholds were reduced as a result of budget-cutting legislation passed in August 2014.[11] In Illinois, legislation enacted in early 2015 also reduced eligibility thresholds and increased parent copays to reduce spending on child care; funding was partially restored and eligibility thresholds returned to their original levels in legislation adopted in November 2015 (IAFC 2015).[12]

COPAYMENT SCHEDULES

To develop more family-friendly policies and lessen financial burden on parents, some states adjusted copayment schedules for child care subsidies. In 2013, Idaho simplified its copayment structure by basing it solely on family income and size rather than a combination of family income, size, and the cost of care. At the same time, they adjusted copayment amounts to make the share paid by families more equitable across the income spectrum. Overall, the changes were designed to ease the burden on parents and make it clearer for parents, eligibility workers, and child care providers to understand the copay amount they would owe or collect. Copayments also were revised in Colorado following a 2014 bill that reduced the copayment and financial burden for families below 100 percent of FPL from 7 to 9

percent of income to a maximum of 1 percent of income. The bill also called for basing the calculation on an average of income over a time period to "account for variations in wages, work schedules, or seasonal employment" and to reduce the need for frequent change reporting and adjustments to copayment amounts.

MAXIMUM REIMBURSEMENT RATES

Whereas many of the policy changes described previously focused on families and in some cases workers, other measures affected providers and the child care market as a whole. In Colorado, legislation established a system of tiered reimbursement to providers on the basis of the quality of their child care programs. This effort aimed to support the use of higher quality providers and also to better align the subsidies with the private market. Idaho has been looking into creating tiered reimbursement rates and plans to implement changes on the basis of results of a market rate study conducted in 2013.[13]

What Cross-Program Policy Changes Did States Make?

During the planning year, all WSS states evaluated the similarities and differences of specific program policies and explored opportunities to integrate. States began by documenting the number of participants that were receiving multiple benefits, which helped them evaluate gaps in participation and catalyzed a push to increase cross-program participation for those who are eligible but not enrolled. This focus on aligning policies became a key component of each state's WSS goals and action plan as a means to help families access and retain the full package of work supports, and WSS states set out to align policies through multiple efforts outlined in table 2 and detailed below.

TABLE 2

Cross-Program Policy Changes to Increase Program Integration

	Colorado	Idaho	Illinois	North Carolina	Rhode Island	South Carolina
Combining program application	✓	✓	✓	✓	✓	✓
Using electronic data for cross-program auto-enrollment			✓			✓
Aligning definitions or requirements	✓	✓		✓	✓	
Aligning timing of renewals or automatic renewals	✓	✓		✓		
Establishing process for cross-program review of new policies		✓		✓		
Creating integrated or combined policy manual				✓	✓	✓

Source: Authors' analysis of written documents and interviews with states.
Note: States are at different stages in developing, adopting, and implementing these changes; some had developed or begun the policy changes before the Work Support Strategies initiative and some had not yet fully adopted the policies by mid-2015.

Combining Program Applications

Some of the key accomplishments around cross-program integration of policy in states came through efforts to improve and streamline the initial intake of applications of clients eligible for multiple programs. All states undertook, in some capacity (either before or during WSS), development of an

integrated application that families could use to apply for multiple benefits at once. Whereas some states had some form of combined application and looked to update or streamline it, other states such as North Carolina and South Carolina did not have a joint application before ACA (Dean 2013). In North Carolina and South Carolina, teams met to review policies and develop combined applications during WSS. In North Carolina, this effort included representatives from many different divisions, and the combined application included Medicaid, SNAP, child care, refugee assistance, and more.

Whereas the process for developing integrated applications proved useful in assessing opportunities to integrate policies and in bringing state administrators together, many states faced challenges in developing a multibenefit application that both CMS and USDA would approve; the application needed to be adapted to evolving policies (especially in Medicaid) and kept to a manageable length. In North Carolina and South Carolina, joint applications are not yet finished, as the states found that designing an application and getting approval from CMS and USDA was a long process. Rhode Island had a lengthy 35-page integrated paper application that some staff members considered too cumbersome to be useful. Some officials in Illinois expressed hope that after more progress had been made on the integrated eligibility system, the underused integrated application would be used more.

Colorado successfully shortened a long, cumbersome integrated application into an eight-page application as one of its first WSS activities in 2011. This application reached a new level of functionality with the growth of the new online system, Program Eligibility and Application Kit (PEAK), and the incorporation of all WSS work support programs, including child care assistance, over the course of the project. One respondent noted the effect of this integrated application on clients and staff members:

> But of course child care being in the other system, it's been the stepchild in the relationship. Now with the universal application, child care is part of the PEAK system; it's all of a sudden integrated in conversations. People are talking about child care now, and workers who are now getting child care [applications] are getting them out of the PEAK inbox.

Idaho also has an integrated application and, more important, a combined intake process that uses technology to facilitate cross-program enrollment for clients who apply for benefits from more than one program. During the intake interview, the worker enters data from the client and collects verification electronically in a process that allows data to be used to determine and verify eligibility for multiple programs at once.

# Using Electronic Data for Cross-Program Auto-Enrollment

Illinois and South Carolina used electronic data to identify and automatically enroll those who were enrolled in one program but eligible for multiple programs. Specifically, both states used SNAP data to enroll and renew clients in Medicaid.

In South Carolina, the focus was on children, using the Express Lane Eligibility (ELE) provision of the 2009 CHIP Reauthorization Act, whereby a state health agency could enroll uninsured children in Medicaid using eligibility information from another program (e.g., SNAP) even if eligibility definitions were different. Representatives from the state Medicaid agency, the South Carolina Department of Health and Human Services, developed a memorandum of agreement with the South Carolina Department of Social Services, which administers SNAP, to match data for the eligibility of children (and later other participants) for both programs. Initial focus was on renewals, and more than 200,000 ELE renewals were completed between April and November 2011. The following year, focus shifted to enrolling those who were eligible but uninsured; between September 2012 and June 2013, more than 90,000 children who had been receiving SNAP but not health services were automatically enrolled in Medicaid. As shown in figure 2, the percentage of children on SNAP receiving Medicaid increased from 80 percent to 91 percent, with most of the increase occurring when ELE was extended from renewals to bringing in new children. (Figure 2 also shows that the percentage of adults on SNAP receiving Medicaid increased in 2014, following implementation of the federal health insurance exchanges under ACA. As discussed previously, some adults who applied under the health insurance exchange became eligible for Medicaid). ELE was estimated to reduce administrative costs by $1.6 million a year compared to traditional enrollment methods (Edwards, Kellenberg, and Health Management Associates 2013).

FIGURE 2

Cross-Program Enrollment: South Carolina

Percentage of SNAP clients also receiving Medicaid, by age
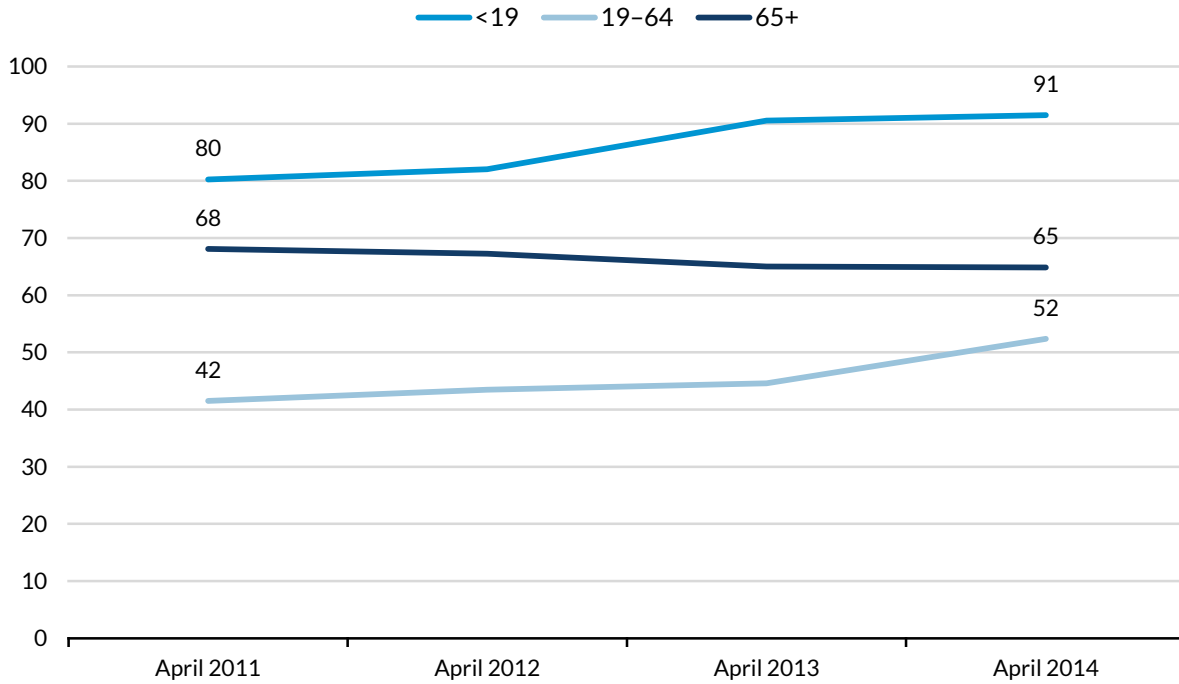
Source: Administrative data submitted by the South Carolina Data Work Group, based on tabulations by the South Carolina Office of Research and Statistics.

Note: SNAP = Supplemental Nutrition Assistance Program. Data are only available for April of each year.

Illinois received a CMS waiver under ACA to enroll nonelderly, nondisabled SNAP participants into Medicaid on the basis of SNAP eligibility under an option known as Strategy 3 (Mann 2013). As in South Carolina, state administrators reported that the data match was easy and the express eligibility effort had important results. As shown in figure 3, the percentage of adults age 19–64 receiving Medicaid increased each month after January 2014. Describing the process and its effect on clients, one state administrator noted the following:

> In Illinois, there were a lot of people on SNAP who were not enrolled in medical and a lot of single-individual SNAP households. Why isn't this person on medical? So we did several express enrollments of these individuals—you're on SNAP, it looks like you're eligible for medical, so we're going to enroll them. I think that really helped a lot of Illinois residents who may have heard about the Affordable Care Act but didn't understand the benefits they could get from applying.

State administrators in Illinois and South Carolina noted that the data matches and auto-enrollments saved staff time and resources when local offices were overwhelmed with rising caseloads caused by ACA.

Cross-Program Enrollment: Illinois

Percentage of SNAP clients also receiving Medicaid, by age
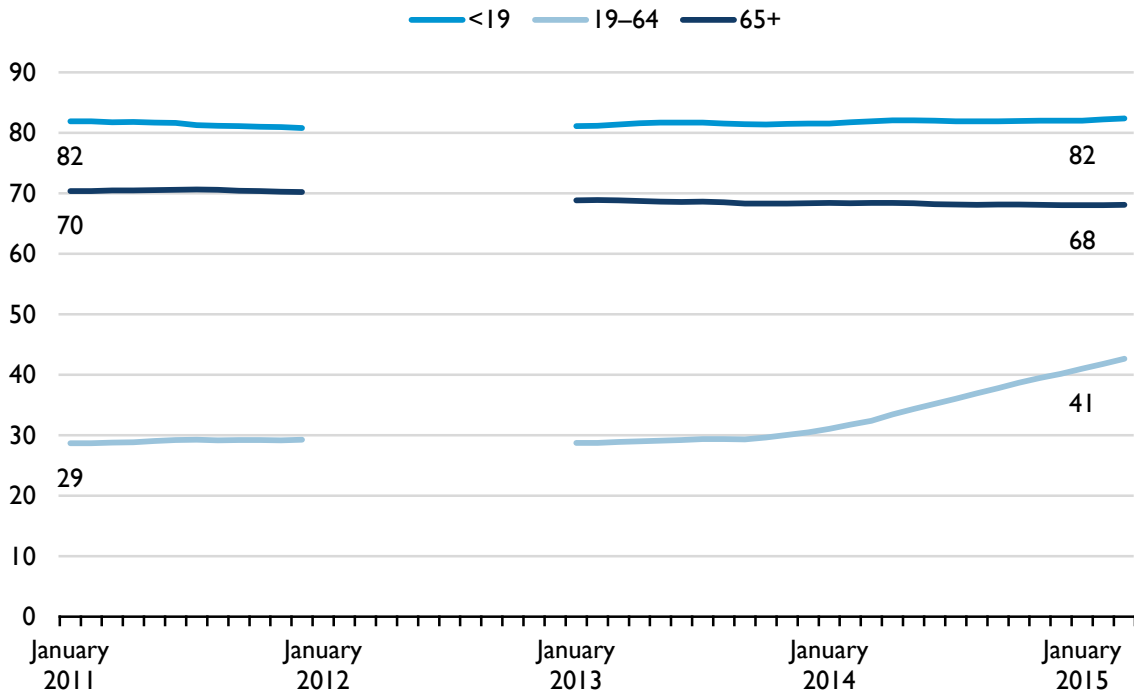
Source: Administrative data submitted by Illinois.
Note: SNAP = Supplemental Nutrition Assistance Program.

Aligning Definitions and Requirements across Programs

Some WSS states focused on aligning eligibility definitions and requirements across programs to simplify application and recertification processes and more efficiently serve families participating in multiple programs. Idaho slightly increased the state-established eligibility threshold for child care to align it with the federal eligibility limit for SNAP (130 percent of FPL). This change, proposed by state administrators and approved by the state legislative rules committee, was intended to lessen confusion in the application process. Similar efforts were made to align SNAP and child care in Colorado and

North Carolina. North Carolina took this type of policy a step further to mandate that families receiving SNAP be automatically deemed income eligible for child care assistance without the need for other income verification materials. This eligibility policy was implemented before WSS; during the implementation phase, the state focused on increasing county compliance with the policy.

Aligning Timing of Renewals or Automatic Renewals

Many states focused on improvements in the recertification process to ease administrative burdens that might lead to unnecessary churn. Three states worked on policies to align recertification dates across programs, easing the renewal process for families and workers in cases where families received benefits from more than one program. States worked on aligning the timing of renewals so that a family would not have to submit similar documentation to renew SNAP one month and Medicaid a few months later, a change intended to reduce administrative costs and client burden and improve retention of benefits. Submitting multiple renewals was difficult for families, as an administrator in Idaho explained:

> We didn't want to reevaluate them more than necessary . . . we'd go out to the field and workers would keep saying, "I'd do a reevaluation for this program and then, two months later, do a reevaluation for this [other] program," and for the family it is confusing and wasteful.

It was also wasteful for the staff, as a Colorado WSS team member noted:

> It was crazy-making for us. Depending on when they had signed up for benefits, a family could have SNAP redetermination in March, health in July, and TANF in October. So it was a constant workload for all of us.

Two states with well-established integrated eligibility systems, Colorado and Idaho, developed and implemented policies aligning recertification dates statewide. In North Carolina, realignment of dates was officially piloted in two counties during the WSS planning year and reportedly attempted in a few other counties.[14]

To begin the process of revamping redetermination policies in Colorado, the health agency implemented an administrative automatic renewal for Medicaid clients renewing their SNAP benefits. It aligned Medicaid redetermination dates with SNAP dates and eventually aligned dates for Medicaid, SNAP, TANF, and Adult Financial programs (Loprest and Giesen 2013). Data show a marked increase in aligned recertification dates. Figure 4 shows that as of December 2014, 80 percent of joint TANF-SNAP clients had a SNAP renewal in the same month as their TANF renewal; the other 20 percent are thought to be new cases for which the renewal dates will be aligned in the future. In addition, the WSS state team developed redetermination forms that prepopulate fields with client information from the

eligibility system or other relevant data systems. These forms required clients to report less information, reducing client burden and saving time for workers, who often must reconcile conflicting information or obtain missing information on redetermination forms.

Alignment of Redetermination Dates in Colorado

Percentage of joint TANF-SNAP cases with TANF and SNAP redeterminations in same month
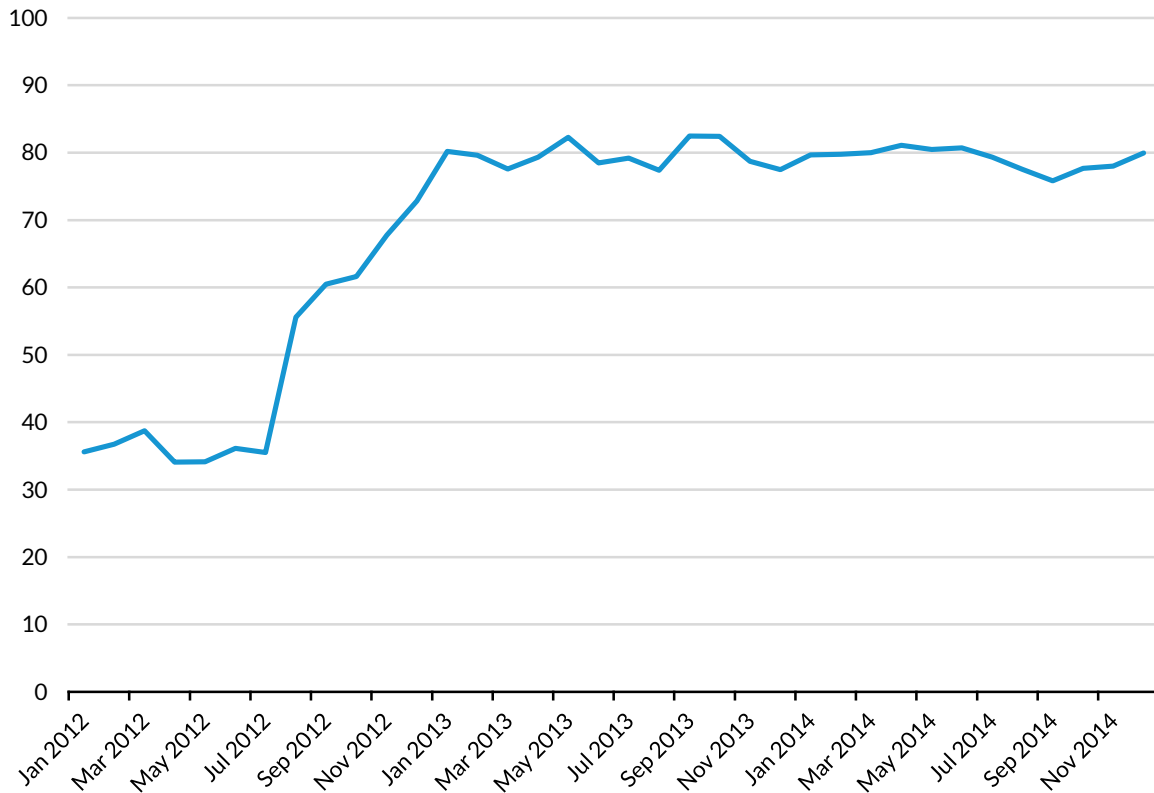
Source: Administrative data submitted by the Colorado Department of Human Services.
Notes: TANF = Temporary Assistance for Needy Families. SNAP = Supplemental Nutrition Assistance Program.

Idaho made some of the same changes as Colorado, including aligning recertification dates for SNAP and Medicaid and prepopulating redetermination forms. Idaho also went a step further and instituted passive, automatic renewal of Medicaid using SNAP eligibility information and, after the implementation of ACA, information from secondary data sources. When these electronic data are available, clients are automatically renewed for Medicaid without the client taking action. This passive renewal process essentially eliminated procedural closures and churn among Medicaid in Idaho; in

2015, of all cases sent renewal notices, only 0.2 percent of all cases issued renewal notices reapplied within 90 days after being closed for procedural reasons.[15]

Procedural Churn Rate in Medicaid in Idaho

Percentage of cases due for renewal that are closed for procedural reasons and reopened within 90 days
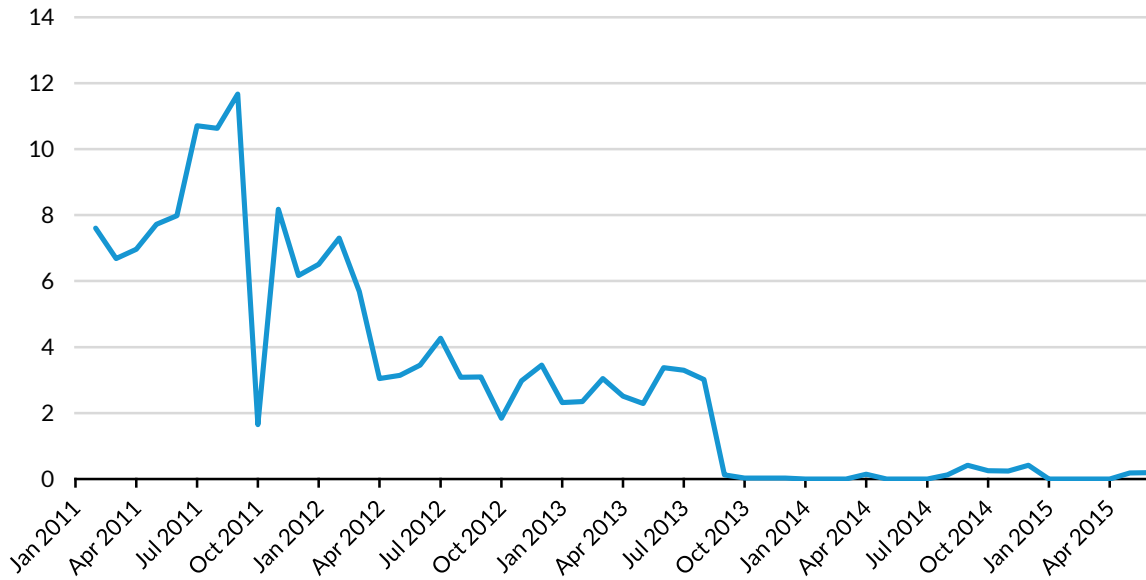
Source: Administrative data submitted by the Idaho Department of Health and Welfare.
Note: The denominator for the procedural churn rate is cases that were sent renewal notices. The numerator is cases that were closed for procedural reasons where clients reapplied within 90 days.

Establishing Processes for Cross-Program Review of New Policies

Communication and collaboration across agencies was important not only for aligning and integrating policies as discussed above, but also for assessing the effect that new policies in each program had on other programs. Two states, Idaho and North Carolina, developed formal groups and processes for cross-program review of new policies.

The secretary of the North Carolina Department of Health and Human Services created a new Economic Benefits Policy Governance Board in 2011 and tasked it with streamlining and consolidating policy across multiple programs. From its inception, the board's activities have been aligned with the

WSS vision and goals (NC DHHS 2011). Specifically, the board is charged with discussing cross- and intraprogram policy changes; it comprises the directors' designees from the Division of Medical Assistance, the Division of Child Development and Early Education, and the Division of Aging and Adult Services. The board also includes other members from the WSS project team, state training staff, data and quality-control staff, and representatives from counties. The group also confers with a policy review subcommittee made up of 15–20 county directors to review proposed policies for clarity and to plan implementation. One of the important outcomes of this group has been cross-agency review of program-specific policies and discussion of best methods for implementation and possible positive or adverse effects on other programs. Almost all program-specific policy changes, except those that are very minor or routine, are discussed at the policy governance board meeting and sent to the policy review subcommittee for feedback before being implemented. Although this group has seen its challenges, including turnover and competing priorities, state and county representatives unanimously agreed that this group and process had been a helpful facilitator of cross-program discussion and decisionmaking. One WSS state team member explained:

> Policy governance board has been awesome. When I came here, we were all siloed, we didn't talk to each other. When I first came here, I didn't even know people that worked in [other divisions]. Now we are team members; we run things past each other, talk about how program changes will impact each other.

Idaho uses a slightly less formal but still consistent and successful process to review new policies. The deputy division administrator for policy and operations runs a weekly meeting between SNAP, Medicaid, child care, and TANF policy managers where participants discuss new policies, their implications for other programs' policies, and implementation and operational considerations.

Whereas other states did not develop a formal review group for policies, state administrators consistently mentioned the importance of connections made through WSS and interactions across divisions. In many cases, this was described as breaking down siloes and leading to better understanding of policies and key staff in different units. An official in South Carolina, a state where SNAP and Medicaid are administered by separate agencies, said midway through the WSS project:

> Recently, we were dealing with a SNAP policy issue that had to do with dealing with verification. Medicaid had a similar policy and it was one of those things where regs allowed us to use Medicaid policy. We just called Medicaid staff and asked them what they would do in that situation.

Integrating or Combining Policy Manuals

Many states identified policy manuals as an important starting point for better aligning and integrating policies. South Carolina's two separate agencies for health and social services revised current program policy manuals and began developing a shared electronic platform. Although the state did not seek to combine policy definitions in these manuals, the agencies thought that having updated manuals on a new, shared software platform would facilitate cross-referencing of policies and allow workers to search the individual manuals. In this way, the shared platform made it easier for workers to serve families applying for benefits from multiple programs and to review how policy changes in one program would affect policies in other programs.

Rhode Island and North Carolina assessed the similarities and differences between program policies and manuals and attempted to integrate manuals. Although the process has been delayed in Rhode Island because of budget constraints, North Carolina has taken important steps toward in completing many sections of an integrated policy manual.

The North Carolina Economic Benefits Policy Governance Board began its work on an integrated program policy manual by reviewing the sections of individual manuals related to income eligibility determination and, specifically, how each program defined income. The board found that the number of income categories had grown steadily over time. Many of these categories were developed for a specific need and therefore were individualized, presenting many opportunities for simplifying and aligning the categories across programs. In speaking about the process of assessing all of these different income categories, one WSS team member noted:

> We decided to focus on income. . . . We thought that was easy before we started, and then we asked everyone what drives that rule or policy, is it you or is it federal rule. In particular, the types of income were just hilarious. When we combined them it was well over 200 types of income; we'd have a fisherman, crabber, seafood . . ."

The Economic Benefits Policy Governance Board was able to cut down from around 250 to around 85 income categories in 2013. The group has since turned to other sections of the policy manual and engaged a contractor to help. The board hoped to finish all sections of the manual by winter 2015–16.

What Issues Were Encountered When Streamlining and Aligning Policies?

This section discusses the process that states followed to streamline and align policies, with a focus on what challenged progress on policy change and what supported policy change. First, it discusses how states involved multiple actors within the state in changing policies to streamline families' access to work supports. Second, it discusses how states worked with federal agencies. Third, it reviews the challenge of making policy change in the midst of competing priorities for time, resources, and attention. Fourth, it reviews the opportunities and challenges offered by the ACA. Fifth, it reviews tools used to support policy development. It concludes with reviewing how policy changes were made hand in hand with technological and business process improvements.

Involving Multiple State and Local Actors

Most WSS states had a core policymaking team of senior human services officials, led by a senior administrator and supported by policy analysts. To achieve policy change, this group worked with a broad assortment of interagency work groups, county or other local offices, and local workers. Team members developed policy in alignment with the vision of executive leadership and, at times, involved state legislature and gathered input from stakeholders and families.

Interagency Work Groups and Meetings

All the WSS states convened cross-agency work groups or committees to advance WSS goals and work on policy changes. In some states, such as Rhode Island and South Carolina, ad hoc work groups convened to implement the WSS grant. Colorado officials convened temporary groups to help augment policy work on a particular task and held monthly meetings with counties where changes were discussed. In other cases, work groups were part of a more formal or long-term institutional structure. As already noted, North Carolina's Economic Benefits Policy Governance Board was viewed by

participants as a great success, and weekly meetings between program managers in Idaho included an opportunity for cross-program review of new policies.

South Carolina provides an example where a formal governance charter was needed to improve the functioning of an interagency policy work group that struggled making policy decisions. Tensions had existed between the two state human services agencies since an event in 2002 universally referred to as "the big divorce." During the "divorce," responsibility for Medicaid eligibility was shifted from the state's Department of Social Services (which also administered SNAP, TANF, and child care assistance) to the Department of Health and Human Services (which already handled Medicaid policy and claims processing). Both agencies saw the WSS grant as an opportunity to heal from their split, and midlevel managers reported that getting to know their counterparts through policy and other work groups was one of the benefits of WSS. However, midlevel managers had difficulty making policy decisions because they were not sure they had the authority to do so. Adoption of a governance charter that clarified what types of decisions needed to rise to leadership and established a process for making executive decisions, including a standing decisionmaking meeting, aided in overcoming delays and moving forward.

THE ROLE OF THE WSS PROJECT MANAGER

The WSS grant offered states the flexibility to hire a project manager, allowing project teams to focus on reform and policy efforts in the midst of the agency's regular business and competing priorities. The project managers—state employees and outside contractors from consulting firms or local universities—helped prioritize WSS activities, bring groups together, set deadlines, and facilitate communications among different departments or agencies. In many states, project managers played a key role in supporting policy subgroups or committees and documenting and tracking key policy changes. North Carolina's project management team facilitated key parts of eligibility manual integration, and Rhode Island's project manager helped track data and key measures connected to the state's policy efforts. State staff members frequently lauded this outside help as key to maintaining momentum through tough times and overseeing cross-discipline and cross-agency teams.

Involving Counties and Local Offices

County and local offices are integral to implementing policies, and states found it useful to involve them in policy development as well. This involvement was particularly significant in Colorado and North Carolina, county-administered states where counties have considerable local control over program

operations. North Carolina's Economic Benefits Policy Governance Board works in tandem with a policy review subcommittee from the Department of Social Services Directors Association. This subcommittee, made up of 15–20 county directors, receives proposed policy changes and further reviews those changes for clarity, implications of implementation, and any fiscal and cross-program needs that administrators may have missed in initial development. Colorado has a legislatively mandated Policy Advisory Council (PAC) and associated sub-PACs composed of state leaders, county human services directors, and other stakeholders who make policy recommendations to the director of the Colorado Department of Human Services. Rhode Island's three regional office managers, who oversaw the six local offices, traveled with the WSS team to conferences and on-site visits and actively contributed to policy discussions.

Whereas many examples can be found of state and local offices working together, tensions between state agencies and local offices sometimes arise regarding local implementation of state policies. The desire to maintain local control, especially in a county-administered system, can make local officials bristle at instructions from the state, potentially setting back policy work according to some state respondents in Colorado and North Carolina. North Carolina's effort to streamline verification policies involved state officials encouraging local offices to take advantage of existing but unused policies. For example, central administrators told counties that they shouldn't ask for verifications unless absolutely required in determining child care assistance; unnecessary verifications slowed the process and led to errors if a piece of documentation was requested but not received. Implementing new policies was sometimes hard. A state administrator spoke of some county concerns about North Carolina's policy requiring that families receiving SNAP be deemed eligible for child care without further verification:

> Some counties . . . want to [take extra steps to] make sure people aren't committing fraud. And some have resistance to change. It was something different they never were asked to do before.

Both state and local administrators noted an improvement in state and county relations over the course of the grant, especially in the two county-administered states. Midway through the grant, administrators in Colorado said that continuing to foster already-improved relationships with counties was a crucial element in moving WSS activities forward for the rest of the project. Local administrators also saw the relationship as improving; as one local administrator said, "I think people get along with each other. It is better. This administration has made a strong effort to be attentive to the counties and not step on county toes and bully them into things." As another county respondent explained, "Over the past five years, the state has done a good job in increasing communication and involving counties in decision processes. That 'us versus them' mistrust has been mitigated from my perspective." In North

Carolina, administrators made extensive efforts to strengthen county-to-county communication mechanisms in addition to augmenting state and county communication. One county respondent explained, "I think leadership at the state really increased communication to counties and collaboration with counties."

Communicating Policies to Local Workers

State administrators sometimes found that policy changes rolled out more slowly than desired because of local worker resistance or lack of clear communication and training. Some local workers in Illinois continued to collect information on the vehicles of SNAP clients, even when not required to do so. Some workers did not believe the policy change was likely to last and believed the extra documentation protected families from being cut off (and protected themselves and the agency from having a case flagged as erroneous for missing documentation) if the policy changed in the future. The challenge of addressing resistance to change was also brought up by state staff in South Carolina, where central staff members felt the need to break through some entrenched workers' attitudes to ensure they eschew the old policy rules and start working on a policy change. One remedy here is to push out the changes and educate workers and clients whenever possible, an administrator said.

Concerns about protecting the agency from fraud—concerns often reinforced in previous trainings—contributed to local worker resistance to simplifying verifications and streamlining procedures. As one state administrator explained:

> Way back in time, the vision of the program and the intent of the worker was ensuring not a single family got a dollar more than they should have. And that's what they've been trained and hired to do. And . . . now we're trying to get [workers] to understand this program is about helping families keep their children in daycare so they can stay at work . . . every time you have change, it is a good opportunity to say we're still trying to make this a good work support.

Changing worker attitudes could take time, particularly in communities with widespread concern about fraud among public assistance clients:

> What I believe is happening is folks are still under that thought process that everyone lies, that everyone is here to try and commit fraud . . . we only hear about the negative stories that someone frauded for food stamps, trafficked food stamps. The stories that are embedded in brains of the general public are those stories. We need to change attitudes of not just the general public but our workforce.

Reviewing data reports from local offices regularly and retraining workers on policies as needed were important ways that state officials made policy changes real. A state administrator in Rhode Island

noticed that many families still had six-month certification periods for child care even though new policies allowed for a longer period. Further communication and training was provided, clarifying to line workers that the 12-month certification period was the rule, not the exception. In addition to providing training on specific policies, staff members in several WSS states spoke of how they were trying to bring about a broader change in attitude toward customer service. They also said that the combination of policy, technology, and business improvements that occurred during WSS offered multiple opportunities for messaging to workers the importance of helping families and for changing how workers approached client service.

Advancing Policies in Line with Vision of Political Leadership

Although governors and agency directors across the six WSS states viewed Medicaid, SNAP, and child care assistance differently, they generally agreed that the programs could be improved by simplifying and aligning program policies. Depending on the state, their support was tied to a broader interest in (1) making government more effective and less bureaucratic, (2) serving clients with a reduced staff, (3) supporting the successful engagement of low-income workers in the labor force, and (4) supporting children's health and well-being (Golden 2013).

Top-level support for the goals of WSS helped with policy alignment and with bringing together state agencies. South Carolina Governor Nikki Haley backed WSS because it was in line with her administration's emphasis on good business practices and was privately funded. Core members of the South Carolina team agreed that strong support from government leaders was the most critical factor in transforming new structures and approaches for cross-agency discussion and decisionmaking. In Illinois, observers credited the vision of the secretary of the Department of Human Services, "serving people in an integrated compassionate matter," in motivating staff members to make changes to improve the well-being of children and families.[16] In each of the six WSS states, ensuring policies fit with the vision of the director or secretary of the agency was essential to their adoption and implementation.

Working with State Legislatures

State legislatures were sometimes involved in policy decisions, depending on the nature of the policy action and on state laws. In some cases, state legislative action helped drive policy alignment. In Idaho, where the legislature reviews all rule changes, legislative approval was a critical step in aligning state-established eligibility guidelines for child care assistance with federal guidelines for SNAP. Elsewhere,

legislative action established obstacles to policy alignment. Some states found that state statutes required more thorough verification than federal law, and policy simplification required changing state laws. In other cases, contemporaneous legislative change—and the uncertainty of knowing whether legislation will be enacted and when new rules implementing legislation will be promulgated—can slow policy alignment. In North Carolina, new legislation on child care assistance temporarily slowed efforts to align policies. As one respondent explained, "With the General Assembly changing things, we don't know where we can align child care. One obstacle is legislation. It's an unknown right now."

A state's legislative makeup can facilitate approval of policy changes. A Colorado administrator explained that having the same political party control the governor's office as well as majorities of both houses of the state legislature aided approval of changes such as implementation of health care reform. Some agency staff members spoke of the importance of bringing issues to the attention of the legislature in a way that reflected understanding of state legislators' priorities. Other staff members noted the need to know when policy actions required legislative approval and when the agency could move forward without involving the legislature. As WSS states learned about each other's activities, they noticed that requirements for legislative approval of some decisions varied from state to state.

Input from Community Stakeholders and Families

To some extent, WSS states also drew on consultations with community stakeholders in developing policies. In Illinois, the legislatively mandated Social Services Advisory Council of appointed community-based organization representatives routinely meets with officials of the Department of Human Services to share information. One council member reported:

> They've asked us for comment when they're changing the policy notices. . . . I haven't seen the outcome and whether or not they're going to listen to our changes. We had some input to the appeal notices; they took some of our changes but not all of them.

Stakeholders in Illinois also worked with the state to secure an FNS waiver to extend approval periods. Rhode Island also has a number of active stakeholder advisory groups and involved two community-based organizations more directly in the WSS project, providing them with a subgrant for their participation. A representative from one of those organizations was an integral member of the WSS policy team and suggested a host of changes in child care policy.

In some cases, states sought input from families to help improve policies. Idaho officials conducted focus groups with parents to gather feedback about key child care policies, including the parent copay structure. A series of client focus groups were conducted in Rhode Island through a contract supported

with WSS funding. The state used these groups to assess how communication with clients could be improved and to test communication approaches, including new signage for routing visitors through field office lobbies and a series of one-page sheets explaining different programs to clients.

Working with Federal Agencies

Adopting new policies sometimes required consulting with federal agencies, in addition to multiple actors in the state, to ensure the changes fit with federal laws and regulations governing work support programs. For block grant programs, including the Child Care Development Block Grant and TANF, broad authority is given to states for shaping rules in a loose federal framework. However, federally administered programs such as SNAP and Medicaid are more likely to require states to pursue special releases, or waivers, to deviate from established rules. Many policy changes require federal waivers for approval, and states are often required to pursue these special releases to deviate from conventional rules. FNS offers SNAP waivers ranging from which types of client interviews are allowed to retailer requirements and the timing of redeterminations; as of November 2015, every WSS state has been granted multiple active FNS waivers, totaling dozens across all the grantees.[17] Many were granted before the WSS period, but several were granted or renewed as part of the WSS initiative. On the CMS side, states can use waivers to test new or existing ways to deliver and pay for health care services in Medicaid and CHIP, and WSS states had secured more than 50 such exceptions as of November 2015.[18]

Illinois's successful pursuit of a CMS waiver during the grant's implementation phase to encourage enrollment in Medicaid using SNAP administrative data (Strategy 3) is one such example of a state using a special release from federal rules to advance its WSS goals. Senior Illinois administrators said the waiver provided crucial flexibility during a busy time for the human services agency: "We were one of the first states to do Strategy 3. . . . It was a very quick project—minimal staff, the most work was the policy side, and working with the system folks to get the right match. So that was really huge for us, because we have so many applications, we're so far behind, so everything is helpful." Core members of the WSS team said they were thrilled with CMS staff's guidance on the waiver.

Securing approval for waivers was not always easy. One state complained about the challenge of working with FNS for instituting auto-recertification in SNAP. "FNS is not real big right now on using systems to replace people," an administrator said. "They're not looking to expand these waivers, but just allowing us to continue if we can present data that it's not far off the regular program." Program managers from another state also expressed uncertainty early on in the project regarding the chances

of FNS approving a waiver allowing a 12-month certification period; however, FNS did grant the waiver. In addition, FNS approved the state's request to modify the process for interviewing expedited clients in an effort to meet its goal of 95 percent timeliness.

Underlying differences in federal program policies made it harder for states to align policies across work support programs. Some states spent considerable effort attempting to connect CMS with FNS to discuss where federal policies appeared to diverge. Some of those connections occurred at WSS semiannual conferences, where special sessions provided a forum for states to connect directly with multiple federal agencies.

For example, drafting a joint application was more difficult because approval was needed from multiple federal agencies. Disparate federal rules slow progress, leading one state administrator to say, "The state would've already had one [a joint application], if it weren't for federal agencies hampering the approval process. Everyone talks like this is a good idea, but you are talking about a lot of rules and things that need to be adjusted." In this case, as in many others, it was not just federal policies, but also state policies that slowed progress on the joint application.

States found that they often had more ability to change policies and procedures within federal guidelines than they realized. They gained some of this knowledge from national policy experts, including technical assistance provided to WSS states by the Center on Budget and Policy Priorities, the Center for Law and Social Policy, and the Urban Institute. For example, a number of states learned during visits from the WSS child care TA group that they had considerable leeway to change their child care eligibility policies and still be in compliance with federal law and regulations. By mapping the application and redetermination policies with the TA team, many states discovered that complex policies had been adopted by the agency itself and not handed down by federal regulations. As one administrator said:

> There are steps in our program application processes that are not required under federal or state law. The more we study the steps in the application process, the more we learn that we have promulgated rules that are not mandated.

Similarly, state leaders in North Carolina found a work-around to enroll children in Medicaid after they were unable to secure a waiver for the Express Lane Eligibility option offered under the CHIP Reauthorization Act of 2009. Administrators said the breakthrough for them was realizing that they had the authority to strike a client signature requirement for enrollment and thus could use electronic matches to do an ex parte review for determination. As one program manager said of the signature requirement, "[B]ut we realized that that's our policy, we have control over that. So we said, 'If we don't need it, it's our policy, let's change it.'" Whereas states longed to see more policy simplification and

alignment at the federal level, they found that they could do considerable work at the state level, sometimes in partnership with federal agencies and sometimes by making changes exclusively at the state level.

Pursuing Policy Changes in the Midst of Competing Priorities

One challenge slowing policy change was finding time to work on policy simplification and alignment in the midst of other demands on busy state agency staff members. Dealing with the crisis of the day often diverted staff members from stepping back and devoting time to attacking WSS project goals. In several states, general demands on staff time, combined with staff reassignments and turnover, delayed progress on policy work group goals such as a cross-program matrix of income policies in South Carolina and integration of policy manuals in North Carolina. As an administrator in North Carolina said about work on the policy manual, "[Our] number one issue is resources, getting people to attend meetings and make edits . . . people not having time to do this, while putting out fires across the state." Not just daily management issues, but priorities placed on other strategic initiatives, such as implementing new technology systems or major changes in business processes, diverted resources.

The ACA was a competing priority for staff time, technology resources, and upper management attention during WSS implementation. It was a major piece of legislation that brought new rules and requirements with a tight time frame for implementing those changes. It also provided a new federal funding stream to redesign eligibility systems and was the subject of political and legal challenges that called its staying power into question. Staff members in all six WSS states said that the work of preparing for and implementing the ACA often took away from other integration and streamlining initiatives. The specific opportunity costs varied. In North Carolina, administrators said the focus on ACA diverted workers' time and effort elsewhere and prevented further medical changes. Idaho's attention to health care reform delayed integrating child care systems with SNAP and Medicaid systems and therefore delayed any subsequent policy changes for child care. Administrators in Idaho said there was just not enough bandwidth to complete health care reform and child care case management integration. However, ACA also presented opportunities for policy integration, to be discussed later, and accelerated the development of new technology systems in many states.

Development of new technology systems was an especially resource-intense pursuit for some grantees, and these efforts often involved the same state administrators who worked on policy changes.

In North Carolina, workers who normally developed policy and provided technical assistance to counties were reassigned to develop the new technology system, North Carolina Families Accessing Services through Technology. South Carolina also reported similar challenges in reassigning workers to develop technology systems. Development of Rhode Island's new United Health Infrastructure Project (UHIP) was crunched into nine months; at one point, dozens of workers from the UHIP central office spent hundreds of hours in design sessions at a hotel meeting space. Human services policy staff members were involved in these meetings because the state saw integrating human services into the eligibility system as a critical way to better align program policies. Two years later, state staff members considered this a good use of policy staff time, even though they were unable to make as many policy changes as originally outlined in action plans; if anything, they wished they had spent more time making sure the system incorporated their vision of streamlined and aligned policies.

Despite an overburdened state staff and competing priorities, states still made a number of policy changes within and across programs. The strong vision of improving delivery of work supports, reducing unnecessary burdens on staff and families, and of having "families tell their story once and receive the services they need," as stated in North Carolina, kept policy streamlining and alignment a priority for states. Having agency leadership committed to those goals and engaged in the project also helped maintain momentum amid competing priorities, as did the grant structure with monthly phone calls, quarterly reports on progress, and semiannual conferences to share strategies and lessons learned across states. Site visits to other agencies also motivated state staff to simplify policy as they saw the benefit of streamlined policies in other states. WSS project managers kept a focus on WSS goals and helped convene policy work groups and develop annual action plans. One staff member explained the value of the WSS project managers:

> Part of it [the value of the WSS project managers] is nagging, having somebody or a small group nag, [we] need someone, [because the] rest of us have so many things on our plates. Part of it [the value of the WSS project managers] is [the] accountability of pulling people together and making sure people do stuff, they [WSS project managers] are pulling some things for us. . . . [We] need a person or group to make it a priority, so it doesn't get lost.

Addressing Challenges and Opportunities for Policy Integration Offered by the ACA

The ACA has dominated the policy landscape for health and human services agencies over the past several years. As already noted, this sweeping change to health care programs competed with WSS for

time and staff. In addition, ACA rules and funding mechanisms had a direct effect on program alignment, providing both challenges and opportunities.

Several WSS state administrators reported it was time-consuming to implement ACA's new modified adjusted gross income (MAGI) rules for calculating eligibility for health insurance programs into their existing Medicaid and CHIP systems and procedures. A further challenge was to align the new Medicaid rules more generally to the human services programs that WSS targeted. In North Carolina, the perceived complexity of the new rules made it difficult to advance program integration efforts in aligning Medicaid with other programs. "With ACA, medical has, I'll be honest, taken steps back—and the policy changes we made were related to what we had to make for ACA and it took a lot of time and effort," an administrator said halfway through the grant's implementation phase. Many of the state's policy alignment and integration efforts were lost after the full implementation of MAGI because of its new budgeting structure that was inconsistent with other public assistance programs. South Carolina administrators described similar frustration:

> ACA threw us all for a loop, just from the view point of policy. ACA dramatically reduced our effort to engage in cross-program policy change. Almost all of our policy resources had to be devoted to figure out MAGI policies. We weren't able to invest in cross-program. Plus, the way ACA deals with households further complicates things. We had to get the right policies into the integration. The intent of everyone [was] to do cross-program collaboration, but policies dramatically changed when ACA came in.

A senior official from Rhode Island put it simply: "[T]here was this thing called ACA that blew policy alignment out the window." The staff of some states reported that Medicaid requirements seemed to be a moving target; whenever the state would adjust for modified rules or processes, either a new change would nullify some of the work or an interpretation would disallow a proposed solution.

Administrators from Idaho expressed similar concern in adapting to evolving Medicaid requirements and processes. This volatility and the underlying complexity of the rules meant the state had to carefully consider its approach to training workers on the changes and how processes could best support the staff in effectively implementing the new policies. For example, when determining eligibility, workers ask a minimum number of questions for both MAGI and SNAP, and that information feeds into a rules engine that determines SNAP and MAGI eligibility. Even though much of the eligibility determinations are done by the rules engines, workers still face challenges as a result of the state's emphasis on keeping the MAGI and SNAP programs as integrated as possible. As a state administrator explains:

> I've seen other states pull those programs apart because they have such different requirements now. I'm proud we've been able to keep them together as much as we have, even though I do

think it puts additional pressures on our staff. Staff have to always keep both programs at the forefront and flip between policies in their heads to try to keep everything straight. I watch them do it—and it is complicated. But when I watch the family leave at the end of that application process and everything's done, I realize it's worth it. It's worth it for them. It's a little more effort for us, but if it helps our customers, it is the right thing to do.

The passage of the ACA also offered great opportunities for states, presenting a vision of streamlined and automated eligibility that was highly consistent with WSS and motivating for states. For example, the act's push for streamlined, electronic verification in Medicaid advanced states' efforts to simplify verification in other programs. More generally, the large-scale health policy changes considered and enacted opened up discussion of other policy changes and brought a number of other recommendations to the table. In Colorado and Rhode Island, completing a state-based health insurance exchange compelled administrators to consider how to enroll clients for other, nonhealth programs.

The ACA's new federal funding stream to support the redesign of eligibility systems offered a transformative opportunity for health-human services integration. This opportunity was particularly evident after the Office of Management and Budget decided to waive normal cost-allocation rules and allow ACA's enhanced (90 percent) federal matching funds to cover technology upgrades to eligibility determinations for both health and human services programs. Illinois and Rhode Island built integrated eligibility systems with this funding and saw that the integrated systems provided opportunities to build policy alignment into their eligibility systems. As a senior member of the Illinois WSS team said, "[Combining WSS with the ACA] is all part of a larger integrated vision about how we do eligibility determination in the state of Illinois." The Rhode Island WSS team saw the state's decision to include human services programs in the new integrated eligibility system in the second phase of development— rather than in a later third phase—as an early win for the project; involving the policy staff in the design sessions was the major means to move forward on policy alignment.

Using Tools in Policy Development

The six WSS states used several tools to develop policies, including policy and data analysis, pilots to test new policies, and technical assistance through the TA grant. Though generally supportive of policy development, the tools did create some challenges.

Policy Analysis

Analytical support generally aided WSS states in their policy work, although some analytical work took up a lot of time without resulting in obvious changes in policy. Most WSS states used formal cross-program rule comparisons, usually as a starting point or at least early on when evaluating where current program rules stood. States called this approach by different names—cross-program matrices, crosswalk, or environmental scans—but at its core it involved identifying elements to compare and trace the value for each program of interest. Those matrices often included programmatic rules, such as eligibility thresholds, and administrative rules, such as the timing of redeterminations, in their comparisons. Another common analytical approach was to compare program rules by charting the application process and workflow from start to finish. States also turned to cost analyses. In Idaho, child care assistance policy work was informed by a cost analysis that assessed how specific policies or rates would affect stakeholders such as providers or families.

Building large cross-program matrices was time-consuming, and some states had difficulty getting past the analytical work and into policy development. Other states found the matrices an effective strategy. The North Carolina Economic Benefits Policy Governance Board used a cross-program matrix to look at income types and reduce about 250 types down to about 85; although workers are still getting used to it, the income section of the Integrated Eligibility Manual is now used throughout North Carolina.

Data Analysis

Data analysis also helped several states' policy work. Multiple elements of the WSS grant—especially technical assistance support—encouraged states to assess and augment their capacity to collect and analyze data. To prepare for the WSS kickoff conference in June 2012, state teams were asked to try to measure churn and cross-program enrollment. Many found measuring churn very difficult and were not able to complete the exercise. In Idaho, however, the churn analysis motivated change. "The churn data helped us see how much work we were creating for ourselves," an Idaho WSS team member explained. "We patted ourselves on the back on how well we were doing on [processing] applications [quickly] but were shocked to see that 30 percent of applications were from churn." Data showing the high levels of churn motivated most WSS states to consider how to improve renewal processes (e.g., aligning recertification dates in Colorado, using SNAP data to renew child Medicaid clients in South Carolina, setting up a special SNAP recertification unit in Rhode Island, and enabling passive renewal of Medicaid in Idaho).[19]

The analysis of cross-program enrollment was also challenging, but most WSS states were able to complete it. It focused on clients who were likely eligible for programs but were not receiving them and highlighted that more needed to be done to ensure families received the full package of benefits for which they were eligible. Several states analyzed additional data on the number of eligible but not enrolled clients. For example, to support outreach to the SNAP population, Colorado staff used data on eligibility and SNAP enrollment to map the spread of the eligible but not enrolled population in the state. Counties and community organizations used those maps to target outreach efforts to improve participation.

Other examples of data analysis that supported policy development include Colorado's child care automated tracking system, which allowed state administrators to see more accurate data for child care attendance. Rhode Island developed a number of data reports to augment understanding of various programs, including a Rhode Island Works (TANF) participant profile that administrators pointed to as crucial to considering future policy rules for that program.

In addition to the interesting results of the analyses, states learned about the remarkable difficulty of compiling and analyzing the data needed for the early WSS "homework" exercises and the data needed for policy support more generally. Challenges included extracting data from legacy systems, allocating scarce staff to analyst positions, and hiring staff with the appropriate mix of data skills and program knowledge to analyze data for policy. In addition, several states lost the ability to track data over time during the implementation and bridge phases of moving to new technology systems. Medicaid data were particularly challenging to analyze, as MAGI cases were often in the new system and non-MAGI cases in an older system, hampering the ability to build analytics covering the entire caseload. In Rhode Island, it was expensive to get new extracts from the old legacy system, the reporting capabilities of the new system were under development and not known to most policy staff members, the Medicaid data were split between the two systems, and the state was unable to hire a dedicated data analyst despite budgeting for the position with the WSS grant. After two job postings and more than a year of searching produced no suitable candidates, the state team opted to hire a contractor to fill the data analyst position.

Pilots

Policy changes considered by WSS states had the potential to profoundly affect clients or line workers. All grantee states rolled out at least some changes in a limited release. By using pilots, states were able to assess the effect of a change and revisit elements of the policy undergoing revision. Since 2015,

Illinois has been piloting a change to the timing of in-person interviews for clients receiving expedited service (e.g., clients with little to no income who must be served within seven days). Under the pilot, Illinois issues the first one or two months of benefits for expedited cases on the basis of verification materials and holds the interview after the benefits are issued. North Carolina developed a pilot in two counties to align certification periods across separate programs; this pilot highlighted a general process for trying policy changes that included engaging county staff, revising processes, and collecting relevant data.

Technical Assistance from Third Parties

States drew on contractors, state universities, and technical assistance experts, including the expertise of the national WSS TA team. Idaho used a contractor to conduct a market rate study related to child care assistance policy, and South Carolina and North Carolina both used a contractor to develop their policy manuals. Administrators in WSS states repeatedly mentioned the crucial role of guidance provided by the WSS project national team in keeping state teams on the right track or providing targeted assistance to a nagging problem. Respondents from Rhode Island said the national WSS TA team added an extra layer of credibility, and their counterparts in South Carolina pointed to the technical assistance received as playing a key part in developing a policy design template after conducting eligibility worker focus groups. The support also allowed state human services departments the chance for outside, unbiased feedback, especially in how the organization was viewed outside state government. "We always thought we were family friendly," a North Carolina administrator said. "So part of the challenge was having someone come in from outside and tell us where we needed to change." More directly, Illinois officials credited the national policy experts on the WSS TA team with helping the state secure a CMS waiver allowing express enrollment of SNAP recipients into the newly eligible ACA group. States also used the WSS grant to bring on their own TA. In Rhode Island, the state team used funding from the grant to bring back a firm early in the project's implementation phase whose approach centered on line workers' self-assessment and policy improvements in local offices, an approach that particularly resonated among state staff members.

Changing Policy, Technology, and Business Processes

In their initial plans, WSS states emphasized how policy change helped meet WSS goals of streamlining benefit delivery and improving cross-program integration. At the same time, they envisioned making

important changes in the technology systems used by human services departments, including eligibility systems, and making changes in their business processes (i.e., the office workflow and daily tasks of processing applications and redeterminations). As time passed, states emphasized change through technology and business process improvements, with policy changes playing a supporting role. Whereas some states had a formal structure for reviewing and aligning policies, policy work groups in other states ceased meeting formally. However, policy staff continued to be actively involved in WSS work and played an important role in building technology and developing policies for business process improvements. In some ways, the lines blurred between work on policy, business process, and technology as states worked to implement their visions of service delivery.

Policy and Technology

During the WSS initiative, states typically undertook multiple technology-related projects, including completely replacing decades-old eligibility systems, acquiring scanning devices to go paperless, and other adjustments to hardware and software systems.[20] Generally, policy staff participated in design sessions for new eligibility systems to ensure that new technologies were as compatible as possible with existing policies and planned policy changes. In Rhode Island, state staff told researchers that switching from the state's legacy, mainframe eligibility system to the new one was a natural opportunity to simultaneously review policy rules and see how they would fit into the new system. There were opportunities to build desired policies into the new system—policies that called for assistance with aligning verifications across programs, which wasn't possible in the legacy technology.

Technological improvements provided additional opportunities for policy changes or were integral in supporting those changes. Policies aligning Medicaid and SNAP redetermination dates were more easily implemented in states that had integrated eligibility systems or at least a strong electronic interface between systems. The Idaho team used technological change to support application, reevaluation, and recertification changes. A member of the Idaho WSS team stated:

> [We have] done a lot of work on reevaluations and combining the process. . . . Usually food stamps [are] the trigger, but once we ask them for information and get that from them and [get it applied] across all programs . . . that's been kind of a fundamental thing. Whenever we look at changing a form or something, it may be food stamps [that are] the trigger, but we have to think about what information we need for all programs so [that is] something that's played in all the automation changes we've made.

In another example of the link between technology and policy, combined applications can be more client friendly when implemented online rather than through lengthy paper applications. In Colorado,

client-focused technology went beyond online applications; the state developed an online portal that allows clients to track their benefit receipt and maintenance and to make changes, helping clients stay more informed through the process and freeing up workers. Colorado's robust online application, PEAK, allows clients to submit documentation and change addresses and personal information for multiple programs. Idaho's client self-service portal, Idalink, was also considered helpful in producing more timely, less burdensome SNAP renewals. One state staff member spoke about how the portal has helped clients:

> I think Idalink gives our customers an ease of access. It doesn't require that they come into an office to make a [redetermination]. It gives them the ability to go in and see information about their account. I know they're getting access now to notices that they can go in and see that notice issues.

Another staff member spoke about the dual benefit the portal had for clients and workers alike:

> One of the ways it's helpful in the field is that they can do their reevaluations in the portal, so customers don't come into the office, so field staff can help new applicants.

Policy Change and Business Process Improvements

In each of the WSS states, redesigning business processes to make administrative procedures more efficient often involved concurrent policy efforts.[21] Policy staff often worked alongside operational staff to set policies for business improvement pilots or write new policies to fit new business procedures. Sometimes the desire to make a business process more efficient would lead to a policy change, such as reducing the need for a particular form of documentation that was repeatedly slowing the application process. On the other hand, sometimes the business processes would reveal that policies on the books are not being carried out in the field. For example, case workers may be asking for more documentation than is required. In such an instance, the policy change would be to engage further with local offices and help train local staff to ensure they understood and could implement the policies.

As states reformed their business processes to move toward a no-wrong-door approach where workers could take applications from more than one program, there was greater awareness of the advantages of aligning policies to simplify the task for both the worker and client. In North Carolina and South Carolina, state staff spoke about the no-wrong-door approach as a guiding framework for continuing cross-program policy work, particularly as they worked to train local frontline staff members on multiple policies. The South Carolina interagency policy work group stopped formally meeting, but state staff from both agencies (health and human services) worked together to oversee local pilots and determine needed policy changes to business practices that would help clients receive all benefits for

which they qualify. Similarly, after implementation challenges in North Carolina led to scaling back an original vision of universal workers handling all aspects of cases, counties focused on using triage and universal intake to train workers and facilitate cross-program policy changes in local offices. Rhode Island's significant business process redesign efforts provided a forum for additional policy conversations with an eye for alignment and streamlining.

Conclusion

The six states participating in WSS took important steps to streamline and integrate policies across SNAP, Medicaid, and child care assistance. Like other states, they adopted policies required under the ACA to streamline enrollment in Medicaid, and all six states saw substantial growth in Medicaid enrollment. Changes to SNAP policy focused on operational issues such as verification requirements. Child care assistance policy changes included efforts to streamline and reduce administrative burdens as well as changes to eligibility rules and parent fees.

States also devoted considerable attention to aligning policies in ways that would improve cross-program integration. Policy integration efforts included developing joint program applications, using electronic data for cross-program auto-enrollment, aligning definitions or requirements, aligning recertification dates and enabling automatic renewals, establishing processes for cross-program review of new policies, and developing integrated policy manuals.

Achieving these policy changes required overcoming challenges at the federal, state, and local levels to foster collaboration between agencies and ensure policies were fully implemented.

A key lesson learned by states was that some obstacles came from preexisting state policies and practices that may not have been required by federal law. That is, states had more authority to change their own policies than they realized.

States made progress in their pursuit of policy changes by having a clear vision and set of goals. States also benefited from WSS technical assistance, including site visits by state child care teams and other policy experts, consultation on federal policies and waiver writing, and site visits to other states. The dedicated project managers hired under the WSS grant and the periodic interactions built into the initiative helped maintain focus on policy changes and other WSS goals in the midst of competing priorities. The WSS initiative encouraged states to use policy and data analysis to support policy development; the states' experiences highlighted the value of data analysis in motivating and informing policy development but also underscored the challenges that many human services have in accessing and analyzing policy-relevant data.

The ACA encouraged policy alignment and integration across health and human services programs, as well as use of streamlined electronic enrollment and verification procedures, but also made such alignment and integration more difficult. Implementing the ACA involved such a change in Medicaid policies and such a massive amount of staff resources that several states believed it slowed, at least for

a period, their efforts to align policies across health and human services. The WSS states planned to continue simplifying and aligning policy after the grant's conclusion, aware that more needed to be done, particularly in the area of cross-program alignment.

WSS states uniformly considered policy simplification and alignment a valued goal benefiting both clients and workers. They remained committed to the goal throughout the project, but how they approached policy alignment evolved. Originally, policy staff worked in cross-agency work groups to review and align policies where possible. As the work unfolded, policy staff in several states became integrally involved in the design of new technology systems, and states tried to incorporate alignment goals into system development. Policy staff also worked on improvements to business processes, and the no-wrong-door approach to service delivery provided additional impetus for simplifying and aligning policies across work support programs. States made interrelated changes across all three areas—policy, technology, and business process—as they worked toward the WSS goal of delivering work support benefits more effectively and efficiently.

Notes

1. These reports and other materials can be found at www.urban.org/work-support-strategies.

2. Note that states also made changes to other work supports, most notably Temporary Assistance to Needy Families (TANF), but this report focuses on policy changes to Medicaid, SNAP, and child care assistance.

3. The slight decline in child enrollment in Illinois helps explain the modest increase in overall enrollment, despite the expansion of eligibility to nonelderly adults. It is not clear why child enrollment in Medicaid declined in Illinois in this time period.

4. These waivers are referred to as CMS's Strategy 2. For more information, see Mann (2013) and appendix tables in Heberlein et al. (2013).

5. WSS states received waivers related to face-to-face interviews between July 2007 (South Carolina) and February 2010 (Colorado). For more information, see note 17.

6. Rhode Island had moved to a 12-month certification period prior to WSS. For more information, see USDA (2013).

7. This section focuses on changes in five of the six WSS states. It does not cover changes in South Carolina, where the child care assistance program is a small program tightly integrated with the cash assistance program and does not serve other low-income families.

8. Analysis of data on loss of child care assistance from churn shows some fluctuation from month to month but without evidence of improvements over time in Idaho; see Isaacs, Katz, and Amin (forthcoming).

9. See Isaacs, Katz, and Amin (forthcoming) for more information on the reduction in churn among Rhode Island child care assistance clients.

10. The pilot is authorized through September 2016. For more information, see Rhode Island Senate Fiscal Office (2015).

11. Rose Hoban, Jasmin Singh, and Hyun Namkoong, "FINAL: The Health and Human Services Budgets Compared," *North Carolina Health News*. http://www.northcarolinahealthnews.org/the-health-and-human-services-budgets-compared/.

12. "New CCAP Rules Become Permanent," Illinois Action for Children, November 17, 2015, http://www.actforchildren.org/news_post/ccap-rules-permanent-111715/

13. Market rate studies are used to assess the rates that child care providers use throughout the state for different age groups to determine the recommended reimbursement rate for subsidized care, which is set at the 75th percentile of each age and provider category.

14. A proposed pilot in Rhode Island was not implemented because of competing priorities. For more on the North Carolina pilot, see PCG (2012), http://www.ncwss.com/documents/Home/Associated Projects/Aligned Certification Periods Pilot.pdf.

15. Further information about churn is provided in Isaacs, Katz, and Amin (forthcoming), which has a full chapter focused on state efforts to reduce churn.

16. See Hahn et al. (2015) for more on the role of leadership in supporting changes in two WSS states: Colorado and Illinois.

17. "SNAP Current Waiver Database," United States Department of Agriculture, last updated March 3, 2016, http://www.fns.usda.gov/snap-certification-policy-waiver-database.

18. "Waivers," Centers for Medicare and Medicaid Services, http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html.

19. For more information on state efforts to improve churn, see Isaacs, Katz, and Amin (forthcoming).

20. For more on technology changes under WSS, see Loprest, Gearing, and Kassabian (2016).

21. For more on business process improvements under WSS, see Hahn et al. (2016).

References

Colorado Department of Human Services. 2012. WSS Phase Two Implementation Grant: Colorado Action Plan /Implementation Proposal. Submitted to WSS National Team.

Dean, Stacy. 2013. "Approaching the Combined Application Process under the ACA." Presentation given at the American Association of SNAP Directors Annual Conference, Austin, TX, Sep. 22, 2013. Center on Budget and Policy Priorities, Washington, DC.

Edwards, Jennifer, Rebecca Kellenberg, and Health Management Associates. 2013. "CHIPRA Express Lane Eligibility Evaluation: Case Study of South Carolina's Express Lane Eligibility Processes." Washington, DC: Mathematica Policy Research. http://www.mathematica-mpr.com/~/media/publications/PDFs/health/express_lane_sc.pdf.

Golden, Olivia. 2013. *Early Lessons from the Work Support Strategies Initiative: Planning and Piloting Health and Human Services Integration in Nine States.* Washington, DC: Urban Institute. http://www.urban.org/research/publication/early-lessons-work-support-strategies-initiative-planning-and-piloting-health-and-human-services-integration-nine-states.

Goodwin, Kristine, and Laura Tobler. 2014. "Medicaid and Marketplace Outreach and Enrollment Options for States." Washington, DC: National Conference of State Legislatures. http://www.ncsl.org/documents/health/MedicaidandMarketplaceOandEOptionsforStates514.pdf.

Hahn, Heather, Maeve Gearing, Michael Katz, and Ria Amin. 2015. *Observations of Leaders Driving Changes in State Government: Leadership Tools and Lessons from Two Work Support Strategies States.* Washington, DC: Urban Institute. http://www.urban.org/research/publication/observations-leaders-driving-changes-state-government.

Hahn, Heather, Ria Amin, David Kassabian, and Maeve Gearing. 2016. *Improving Business Processes for Delivering Work Supports for Low-Income Families: Findings from the Work Support Strategies Evaluation.* Washington, DC: Urban Institute. http://www.urban.org/research/publication/improving-business-processes-delivering-work-supports-low-income-families-findings-work-support-strategies-evaluation.

Heberlein, Martha, Tricia Brooks, Samantha Artiga, and Jessica Stephens. 2013. *Getting into Gear for 2014: Shifting New Medicaid Eligibility and Enrollment Policies into Drive.* Washington, DC: Kaiser Family Foundation. Appendix tables at https://kaiserfamilyfoundation.files.wordpress.com/2013/11/8516-getting-into-gear-for-2014-shifting-new-medicaid-eligibility-appendix-tables.pdf.

IAFC (Illinois Action for Children). 2015. "Governor Implements Harmful Child Care Assistance Program Changes that Will Devastate Children and Working Families." Chicago: IAFC.

Illinois Department of Human Services. 2012. WSS Phase Two Implementation Grant: Illinois Action Plan /Implementation Proposal. Submitted to WSS National Team.

Isaacs, Julia B., Michael Katz, and Ria Amin. Forthcoming. *Improving the Efficiency of Benefit Delivery: Outcomes from the Work Support Strategies Evaluation.* Washington, DC: Urban Institute.

Kaiser Family Foundation. 2014. "How Will the Uninsured in North Carolina Fare Under the Affordable Care Act?" Washington, DC: Kaiser Family Foundation. https://kaiserfamilyfoundation.files.wordpress.com/2013/12/8531-nc.pdf.

Loprest, Pamela, and Lindsay Giesen. 2013. *Early Lessons from the Work Support Strategies Initiative: Colorado.* Washington, DC: Urban Institute. http://www.urban.org/research/publication/early-lessons-work-support-strategies-initiative-colorado.

Loprest, Pamela, Maeve Gearing, and David Kassabian, 2016. "*States' Use of Technology to Improve Delivery of Benefits: Findings from the Work Support Strategies Evaluation.*" Washington, DC: Urban Institute. http://www.urban.org/research/publication/states-use-technology-improve-delivery-benefits-findings-work-support-strategies-evaluation.

Mann, Cindy. 2013. Facilitating Medicaid and CHIP Enrollment and Renewal in 2014. Memorandum to state officials and Medicaid directors, Centers for Medicare and Medicaid Services, Baltimore, MD. http://www.medicaid.gov/federal-policy-guidance/downloads/sho-13-003.pdf.

NC DHHS (North Carolina Department of Health and Human Services). 2011. "Proposal for Policy Governance Board." Raleigh: NC DHHS. http://www.ncwss.com/documents/Home/Key Documents/Policy Gov Board Proposal Sent to Maria Dec 2012.doc

PCG (Public Consulting Group). 2012. "North Carolina Work Support Strategies: Aligned Certification Periods." PowerPoint presentation, PCG, Boston, MA.

Rhode Island Senate Fiscal Office. 2015. "Child Care Assistance Program." Providence: Rhode Island Senate Fiscal Office. http://www.rilin.state.ri.us/sfiscal/Other%20Documents/Child%20Care%20Assistance%20Program.pdf

Rosenbaum, Dorothy, and Stacy Dean. 2011. *Improving the Delivery of Key Work Supports: Policy & Practice Opportunities at A Critical Moment.* Washington, DC: Center on Budget and Policy Priorities. http://www.cbpp.org//sites/default/files/atoms/files/2-24-11fa-ch1.pdf

USDA (United States Department of Agriculture). 2013. *State Options Report: Supplemental Nutrition Assistance Program.* Washington, DC: USDA. http://www.fns.usda.gov/sites/default/files/snap/11-State_Options.pdf.

———. 2015. *Assessment of the Contributions of an Interview to SNAP Eligibility and Benefit Determinations: Final Report.* Washington, DC: USDA. http://www.fns.usda.gov/sites/default/files/ops/SNAPInterview.pdf.

Wachino, Vikki, Samantha Artiga, and Robin Rudowitz. 2014. "How Is the ACA Impacting Medicaid Enrollment?" Washington, DC: Kaiser Family Foundation. https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8584-how-is-the-aca-impacting-medicaid-enrollment2.pdf.

About the Authors

Julia B. Isaacs is a senior fellow in the Center for Labor, Human Services, and Population at the Urban Institute. She is an expert in child and family policy with wide-ranging knowledge about government programs that serve low-income families.

Michael Katz is a research associate in the Center on Labor, Human Services, and Population at the Urban Institute, where his research focuses on education policy, early childhood education, child care, and government programs that serve low-income families.

David Kassabian is a research associate in the Income and Benefits Policy Center at the Urban Institute. His research focuses on income security and the safety net, including Temporary Assistance for Needy Families (TANF) policies and the evaluation of work support programs, such as the Supplemental Nutrition Assistance Program, Medicaid, and child care subsidies. He currently manages a study on the characteristics of two-parent families on or eligible for TANF, and he was the principal investigator on the Welfare Rules Database, which documented each state's TANF policies.

STATEMENT OF INDEPENDENCE

The Urban Institute strives to meet the highest standards of integrity and quality in its research and analyses and in the evidence-based policy recommendations offered by its researchers and experts. We believe that operating consistent with the values of independence, rigor, and transparency is essential to maintaining those standards. As an organization, the Urban Institute does not take positions on issues, but it does empower and support its experts in sharing their own evidence-based views and policy recommendations that have been shaped by scholarship. Funders do not determine our research findings or the insights and recommendations of our experts. Urban scholars and experts are expected to be objective and follow the evidence wherever it may lead.